



Annual Report Massachusetts Tobacco Cessation and Prevention Program

Massachusetts Department of Public Health
Fiscal Year 2009



Deval L. Patrick, Governor
Timothy P. Murray, Lieutenant Governor
JudyAnn Bigby, MD, Secretary, Executive Office of Health and Human Services
John Auerbach, Commissioner, Department of Public Health

Make smoking history.



Table of contents

- 1 Introduction
- 3 Budget
- 6 Helping current smokers to quit
- 14 Preventing young people from starting to smoke
- 24 Protecting children and adults from secondhand smoke
- 28 Identifying and eliminating tobacco-related disparities
- 30 Developing and implementing a comprehensive communications plan
- 32 Conducting surveillance and evaluation
- 34 MTCP programs active in FY 2009
- 44 Staff listing
- 45 Appendix

Recent reports and updated information are available at www.mass.gov/dph/mtcp.

Information related to communications campaigns is available at www.makesmokinghistory.org.

Letter from the Director

Helping lower-income smokers quit has been a major focus of the Massachusetts Tobacco Cessation and Prevention Program's work in FY 2009. People with household incomes of less than \$25,000 smoke at a rate of 24.9%, well above the state average of 16.1%.

Low-income people are a vulnerable population that traditionally has less access to the many forms of support needed to quit smoking. The health consequences of smoking disproportionately affect this group, but the individual economic impact on a family is also substantial. When a pack-a-day smoker quits, he or she frees up nearly \$3,000 a year for food, housing, and other necessities.

As the downturn in the economy hit low-income populations especially hard in FY 2009, the tobacco industry has continued its efforts to keep people in poorer neighborhoods addicted to their increasingly expensive products. Massachusetts Tobacco Cessation and Prevention Program (MTCP) youth programs have been fighting back, working with local governments and retailers to reduce the amount of tobacco advertising in their communities.

A series of nicotine patch promotions conducted by MTCP in FY 2009 provided nearly 20,000 Massachusetts residents with the tools to quit smoking and revealed a large demand for cessation medicines and services. MTCP's work designing, promoting, and evaluating the new smoking cessation benefit for MassHealth members further documented that demand. MTCP's evaluation of the benefit also found that when smokers have access to the tools they need to quit smoking, they will use them, greatly increasing their ability to quit.

MTCP focused its secondhand smoke education efforts on parents in low-income communities. Community-based programs partnered with direct service agencies to educate parents about the importance of protecting their children from secondhand smoke. MTCP produced and distributed low-literacy materials in English and Spanish to make the message more accessible.

MTCP's accomplishments in FY 2009 were made possible through a budget of \$12.1 million, the support of Governor Patrick and the Legislature, and the guidance of Dr. JudyAnn Bigby, Secretary of Health and Human Services, and Department of Public Health Commissioner John Auerbach. With their help, we look forward to further driving down smoking rates and the associated health and economic impact on our most vulnerable populations in FY 2010.

Lois Keithly, PhD, MSMIS
Director, Massachusetts Tobacco Cessation and Prevention Program
Massachusetts Department of Public Health

Mission and Values

MISSION

Our mission is to reduce the health and economic burden of tobacco use by:

- Preventing young people from starting to smoke
- Helping current smokers to quit
- Protecting children and adults from secondhand smoke
- Identifying and eliminating tobacco-related disparities

We will accomplish this by:

- Educating the public about the health and economic costs of tobacco use and secondhand smoke
- Ensuring access to effective cessation treatment for all smokers
- Working to reduce the demand for and restrict the supply of tobacco products
- Monitoring key components of tobacco product design
- Engaging communities affected by tobacco and seeking their guidance
- Developing policies and programs that are culturally and linguistically appropriate
- Funding local and statewide programs
- Working with public and private partnerships
- Using data to plan and evaluate programs and activities

VALUES

- Everyone should have the opportunity to live tobacco-free.
- We respect the effort it takes to quit smoking and stay quit.
- We are committed to providing innovative leadership.
- We cultivate cooperative relationships, share resources, and appreciate our common purpose.
- We do not accept funding from, or partner with, the tobacco industry.

Budget

Investing in the health of Massachusetts' citizens

The Massachusetts Tobacco Cessation and Prevention Program addresses tobacco on many levels: changing social norms, helping smokers quit, informing policy decisions, and enforcing laws to protect nonsmokers.

MTCP's **state and community programs** are active in the Commonwealth's 351 cities and towns. These programs provide local youth smoking prevention efforts, enforce laws regarding tobacco, work with community partners to raise awareness of effective tobacco interventions and identify and challenge tobacco industry tactics to attract and addict young people.

A core component of MTCP's **cessation** programming is the Massachusetts Smokers' Helpline, which offers free counseling and advice to residents of the Commonwealth. Cessation initiatives also include working with community health centers and high-need populations, and integrating tobacco cessation into the existing health care structure.

Health communications support every aspect of MTCP's work: preventing youth from starting to smoke, helping smokers quit, and shaping social norms related to tobacco use. MTCP develops and disseminates strategic, culturally-appropriate, and high-impact messages that are integrated into the overall tobacco cessation and prevention effort.

Surveillance and evaluation allow MTCP to monitor tobacco-related attitudes, behaviors, and health outcomes at regular intervals and to make results available to the public. MTCP evaluates its initiatives to learn from past experience and improve program performance.

Through **administration and management**, MTCP coordinates tobacco cessation and prevention efforts throughout the state, communicating best practices, managing contracts, providing appropriate training to contractors, and providing oversight and leadership.

Fiscal Year 2009 Budget

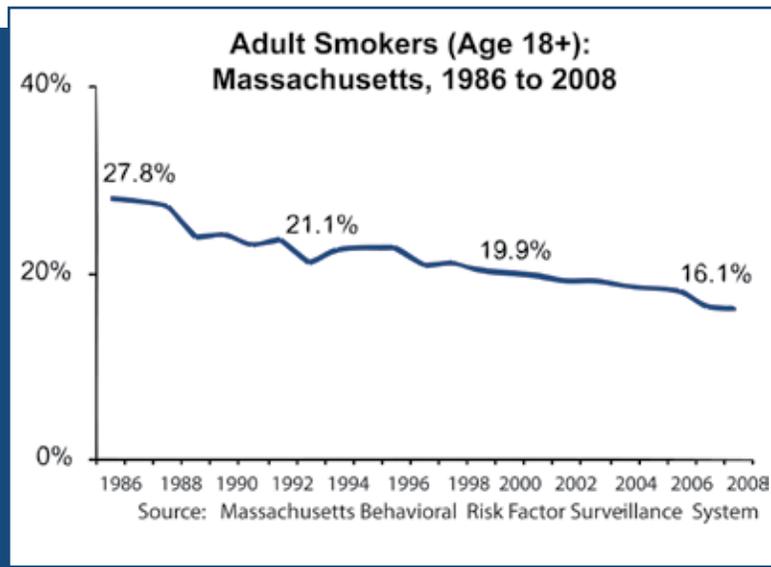
Massachusetts Tobacco Cessation and Prevention Program

Area	Amount	Percentage
State and community programs	\$5,748,851	47.0%
Health communications	\$1,753,041	14.5%
Cessation	\$3,157,206	26.0%
Surveillance and evaluation	\$907,315	7.5%
Administration and management	\$585,236	5.0%
TOTAL	\$12,151,649	100%

Highlights of FY 2009

MTCP reduced the rate of adult smoking in Massachusetts.

The smoking rate among Massachusetts adults decreased from 16.4% in 2007 to 16.1% in 2008. This represents an estimated 14,547 fewer adult smokers. A number of factors contributed to this decrease: community outreach efforts and interventions, a \$1.00 tax increase, effects of recent communications campaigns, nicotine patch promotions, and the availability of FDA-approved medicine and counseling through MassHealth. The combination of these motivational and helping factors is essential to the continued decline in adult smoking prevalence in Massachusetts.



MTCP reduced the rate of youth smoking in Massachusetts.

The rate of high school smoking in Massachusetts was 17.7% in 2007, a full 2.3 percentage points lower than the national average of 20.0%. Data from the Spring 2009 youth survey is expected to be released in March 2010 and indications are that the decline in youth smoking will continue. The youth smoking rate was 30% when the Massachusetts Tobacco Cessation and Prevention Program was first funded in 1993. Because high school students who live with a smoker are twice as likely to smoke, recent declines in adult smoking will help push youth smoking rates even lower.

Nicotine patch promotions show that Massachusetts' smokers are trying to quit.

Nearly 20,000 Massachusetts residents responded to several nicotine patch promotions conducted by MTCP to target specific population groups and geographic areas with smoking rates higher than the state's average. These included a promotion for veterans, one for people in recovery from addiction to alcohol and/or other drugs, and a promotion for all Massachusetts residents after the most recent cigarette tax increase. The high response to the promotions demonstrated a need in Massachusetts for low-cost access to FDA-approved methods of quitting smoking.

MassHealth smoking rate falls 26% in 2.5 years.

Beginning in 2005, MTCP and MassHealth worked together to design a barrier-free tobacco cessation benefit for all MassHealth members. The benefit included all FDA-approved smoking cessation medications, behavioral counseling to quit smoking, and featured a very low co-pay of \$1 to \$3. The benefit became effective on July 1, 2006 as part of the state's health care reform initiative, and MTCP promoted it extensively. MTCP's evaluation showed that in the first two and half years of its existence, over 70,000 MassHealth smokers used the benefit to try to quit smoking. This represents roughly 40% of all smokers who were covered by MassHealth as of July 2006. In the first 2.5 years of the benefit's implementation, the MassHealth smoking rate fell by 10% a year—a full 26% during that time period, from 38.3% to 28.3%.

MTCP monitored the effect of \$1 cigarette tax increase on high-poverty areas.

In an attempt to understand the changing prices of cigarettes following a statewide \$1 tax increase, MTCP commissioned pre and post surveys of cigarette prices across the Commonwealth. The study found that the average price increase exceeded the tax increase by 20%. In general, prices increased most at stores where prices were already high. The largest increases were found at convenience stores in comparison to gas stations, supermarkets and other tobacco retailers. The largest price increases were also found in high-poverty areas. A third wave of the pricing survey was conducted following the federal tax increase in April. Results for that study will be available in FY 2010.



Helping current smokers to quit

Nicotine patch giveaways show demand for help quitting smoking

The Massachusetts Tobacco Cessation and Prevention Program offered several nicotine patch promotions during Fiscal Year 2009 to target specific population groups and geographic areas with smoking rates higher than the state's average. These included a promotion for veterans, one for people in recovery from addiction to alcohol and/or other drugs, and a promotion for all Massachusetts residents after the most recent cigarette tax increase.

Research has demonstrated that people who use FDA-approved smoking cessation medications, like the nicotine patch, are more than twice as likely to quit for good as those who try to quit on their own. Those who combine cessation medication with counseling support are nearly three times as likely to quit for good.

The nicotine patch promotions encouraged smokers to try to quit by using FDA-approved medicines and behavioral counseling. By offering free nicotine patches and counseling support available through its Massachusetts Smokers' Helpline, MTCP eliminated the financial barrier that deters many smokers from using clinically-proven methods to quit.

Nearly 20,000 Massachusetts residents called the Massachusetts Smokers' Helpline in response to these promotions and about 18,500 received patches by mail upon completion of a brief medical screener. Results from these promotions have proven that they are a cost-effective way to expand use of evidence-based treatment for smoking cessation, promote use of state-funded quitlines, and increase smoking cessation rates.

MTCP focused its nicotine patch promotions on four population groups:

- **Veterans.** Massachusetts veterans smoke at a rate that is 33% higher than the general adult population of the state, when adjusted for age. MTCP partnered with the Massachusetts Department of Veterans Services (DVS) to develop and test materials and messages for the promotion, and to distribute materials to veterans throughout the Commonwealth. No paid media was involved. The promotion kicked off with an event at the State House featuring Lieutenant Governor Tim Murray, Health and Human Services Secretary JudyAnn Bigby, DVS Secretary Tom Kelley, and DPH Commissioner John Auerbach. Local events, including one in Lynn with Senator Thomas McGee, raised awareness about the offer. Over 4,000 veterans and their family members responded to the offer.
- **Smokers affected by the \$1.00 tax increase on July 1, 2008.** To help smokers who wanted to quit after the implementation of the tax, MTCP launched a two-month nicotine patch giveaway from July 1 through August 31, 2008. MTCP publicized the statewide nicotine patch giveaway through unpaid channels, activating its local programs throughout Massachusetts and holding an event at the State House that featured Health and Human Services Secretary JudyAnn Bigby, DPH Commissioner John Auerbach, Senator Susan Fargo, Representative Peter Koutoujian, and Representative Patricia Walrath. The strategy proved successful in generating consistent demand throughout the campaign; in the two-month period, nearly 10,000 Massachusetts smokers called the Helpline to take advantage of the offer.



Secretary of Health and Human Services JudyAnn Bigby applies a nicotine patch to Joanne Lynn, while Representative Peter Koutoujian and DPH Commissioner John Auerbach applaud.

- **People in recovery from addiction to alcohol and/or other drugs.** Smoking is part of the current culture among people with addictions to alcohol and other drugs, and continues to be part of the culture for people in recovery. The smoking rate for Massachusetts



adults who have received treatment for alcohol and drug addiction, or who attended Alcoholics Anonymous or Narcotics Anonymous meetings, is 48%, more than twice the state average. MTCP collaborated with the DPH Bureau of Substance Abuse Services to design promotional materials and messages that met the specific needs of people in recovery. The materials were made available for pick-up and mailed to specific sites, but no paid media was used. Even though the approach was primarily word of mouth over a three-month period, response was high; over 2,000 people responded to the promotion.

- **People living in high-need areas.** Certain regions of the Commonwealth have smoking rates higher than the state average. MTCP-funded Community Smoking Intervention (CSI) programs focused on 85 cities and towns in the Lawrence/Lowell area, New Bedford/Fall River area, and Franklin County area. Targeted advertisements adapted from the *Fight 4 Your Life* campaign educated smokers about options for quitting and publicized the patch promotions. CSIs also held a few in-person patch events. Nearly 4,000 people in the targeted communities responded to the promotion.

In FY 2009, Board of Health Municipal Wellness pilot projects also conducted in-person nicotine patch promotion events. MTCP developed the pilot projects to promote regional wellness initiatives for municipal employees. The projects integrated nutrition and exercise with a special focus on quitting smoking.

Four out of five smokers who received nicotine patches through the promotions made a serious attempt to quit smoking. Of those who made a serious attempt through the promotions for veterans, people in recovery, and those responding to the \$1.00 tax increase, follow-up calls at six months found a quit rate between 20% and 30%. Data from the local patch promotions has not yet been analyzed or released.

The success of MTCP's nicotine patch promotions demonstrates that there is a need for low-cost access to medicine and counseling. While a free patch promotion is an excellent motivator, smokers need to have access to medicine and counseling for the several times it may take them to quit. Comprehensive, low-cost insurance coverage for cessation medications and behavioral counseling is an effective way to help smokers quit for good.

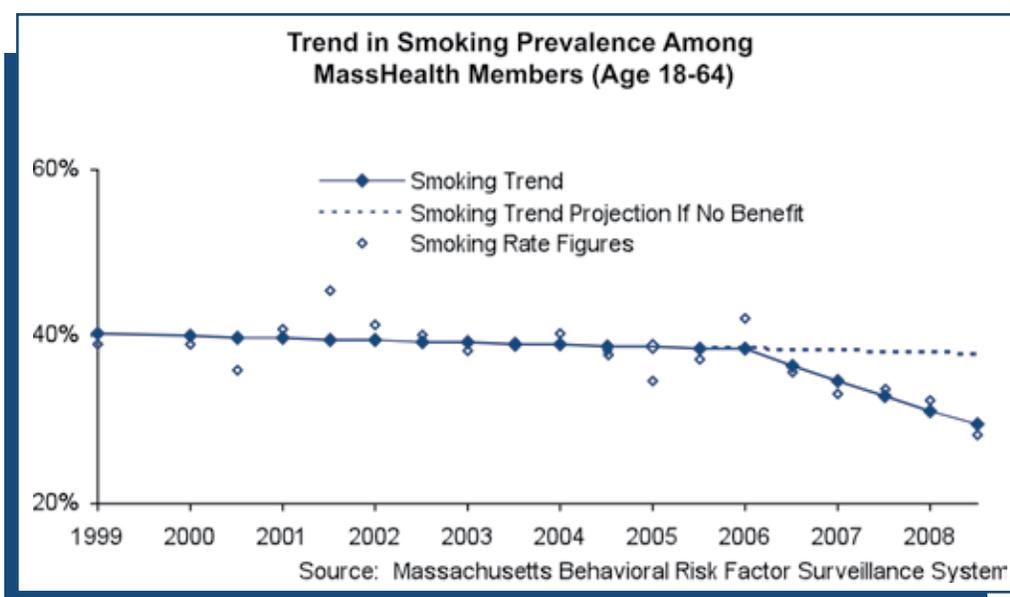
Study shows dramatic decrease in smoking rates after implementation of smoking cessation benefit

Over the past decade, the smoking rate for MassHealth clients had been very high, holding steady at nearly 40%, more than twice the state average. Beginning in 2005, MTCP and MassHealth joined forces to reduce the MassHealth smoking rate and improve the health of the MassHealth population.

MTCP and MassHealth worked together to design a tobacco cessation benefit that would be easy for members to access and would give them the best chance of quitting smoking. The resulting benefit included all seven FDA-approved prescription and over-the-counter medications to quit smoking, behavioral counseling, and featured a very low co-pay of \$1 to \$3.

The benefit became effective on July 1, 2006 as part of the Commonwealth's health care reform initiative. MTCP and MassHealth then extensively promoted the benefit between July 2006 and January 2008. MTCP developed and ran a media campaign promoting the benefit and created informational materials which it distributed throughout the Commonwealth through an extensive community outreach effort. MassHealth also reached out to providers and subscribers throughout this period. At the height of MTCP's communication campaign, 75% of MassHealth members reported knowing about the benefit.

In FY 2009, MTCP began working in partnership with MassHealth to evaluate the impact of the MassHealth Tobacco Cessation Benefit. In the first two and half years of the benefit, over 70,000 MassHealth smokers used the benefit to try to quit smoking. This represents roughly 40% of all smokers who were covered by MassHealth as of July 2006.



The effect on the smoking status of MassHealth members was unprecedented. In the first 2.5 years of the benefit's implementation, the MassHealth smoking rate fell by 10% a year—falling 26% in the first 2.5 years of its implementation, from 38.3% to 28.3%.

It is important to note that the MassHealth cessation benefit was not introduced in a

vacuum. Youth programs, high tobacco taxes, communications campaigns, enforced workplace smoking bans, and changing social norms have motivated a great number of Massachusetts smokers to quit. MassHealth smokers living in this environment were given, for the first time, the tools to act on their motivation to quit smoking.

MTCP is currently working to estimate the impact of the benefit on reducing heart attacks, adult asthma episodes, and maternal birth complications. Early results indicate that the benefit can be linked to significant reductions in all of these health events. MTCP will calculate the cost savings resulting from the benefit as more information becomes available.

Massachusetts Smokers' Helpline provides free counseling

MTCP offers confidential information and telephone-based counseling services to help smokers quit through the Massachusetts Smokers' Helpline. The Helpline, which can be reached by calling 1-800-Try-to-Stop (800-879-8678), is free to all Massachusetts residents. In FY 2009, there were 22,000 callers to the Helpline, including those who were referred through QuitWorks and those responding to free nicotine patch promotions.

The QuitWorks fax referral service of the Massachusetts Smokers' Helpline allows health care providers to connect their patients to free phone counseling services. In FY 2009, health care professionals made nearly 3,500 referrals to the Helpline through QuitWorks. More than one hundred hospitals, community health centers, and DPH programs have adopted the QuitWorks program. QuitWorks was developed by MTCP in 2002 in collaboration with all major health care insurers in Massachusetts.

Community health centers improve clinical systems for helping smokers quit

In FY 2009, MTCP continued to provide funding and technical support to 19 community health centers (CHCs) across the state to improve their effectiveness in motivating and assisting patients to quit smoking. The initiative is based on research demonstrating that even brief advice from physicians and nurses can influence patients to make a quit attempt.

CHCs that have electronic medical record systems (EMR) are incorporating tobacco use screening and intervention questions into clinical templates. When the system identifies a current smoker, the physician or other primary care provider is prompted to advise the patient on how important it is to quit. If the patient is ready to make a quit attempt, the provider may prescribe medication to help them quit and refer them to additional services. While these procedures can be incorporated into paper records, producing reports that assess CHC and patient progress are greatly facilitated with EMRs.

MTCP helped CHCs set goals for the delivery of tobacco use interventions and track physician and clinic performance for quality improvement purposes. Most CHCs were able to achieve improvements during the funding period.

Participating CHCs developed innovative and culturally-appropriate approaches to addressing tobacco use as a routine part of patient care. For example, Holyoke, Brookside, and Island Health health centers extended the reach and effectiveness of primary care providers by training medical assistants and community health workers to assess smoking status and provide cessation information and support to patients during the health care visit. Because tobacco use contributes to oral health problems, screening for tobacco use and brief interventions were added to dental protocols at Codman Square, Franklin County, Great Brook Valley, and Holyoke health centers. Community Health Center of Cape Cod and the Greater Lawrence Family Health Center significantly improved their capacity to use health information technology to assess provider performance on smoking intervention measures and patient smoking status.

Rural birth hospital outreach helps pregnant women quit smoking

In Massachusetts, smoking during pregnancy is more prevalent in low-income, rural areas, particularly in the western part of the state. Babies born to mothers who smoke are at high risk for low birth weight and other serious health problems, including Sudden Infant Death Syndrome. Despite the established consequences of maternal smoking during pregnancy, evidence shows that pregnant women are often not counseled to quit smoking or encouraged to access resources to help them quit.

In FY 2009, MTCP funded programs at three rural birth hospitals in western Massachusetts, including North Adams Regional Hospital, Heywood Hospital in Gardner, and Berkshire Medical Center in Pittsfield. At each of these hospitals, MTCP funded a systems-change initiative that trained hospital and community-based health care providers to conduct and track interventions with pregnant smokers and provide smoking cessation counseling.

At North Adams Regional Hospital, the increase in the number of women reached by the program was significant. In FY 2009, documented brief interventions for women of childbearing age increased from 75% to 80% at one pediatrics office and from 23% to 56% in one OB-GYN office. Women who reported being smokers were then offered services and support to help them quit smoking in higher numbers than were seen in FY 2008.

Looking ahead

MTCP is partnering with physician practices and health centers around the state to study the impact of tobacco interventions that occur in health care settings. MTCP's partners in this endeavor have already converted from paper health records to electronic systems. With the national movement toward electronic health records, this partnership is an extraordinary opportunity to study the effectiveness of existing systems, guide the implementation of new systems, and improve the health of all citizens of the Commonwealth.



Preventing young people from starting to smoke

The84 message spreads positive social norm

The84 is MTCP's social norms campaign that empowers youth to spread the message that 84% of young people in Massachusetts choose not to smoke. The campaign's website, the84.org, creates a link between online and in-person activities for young people interested in fighting tobacco and spreading the word about the positive activities they are engaged in.

During FY 2009, MTCP increased its engagement of youth as leaders in their schools, communities and online. More than 1,000 young people in 36 high school groups across the Commonwealth recruited their peers to participate in activities to increase awareness of *The84's* core message.

The groups reached more than 33,000 young people across Massachusetts by promoting *The84's* message through an online photo contest and a statewide school competition, *iConnect*. The *iConnect* contest challenged groups to complete as many activities as possible publicizing *The84* and its message.



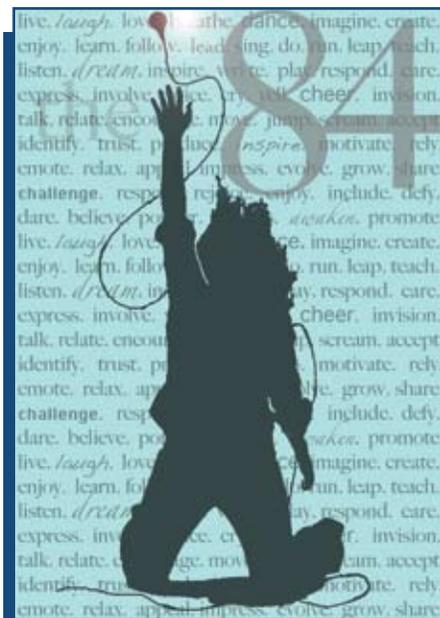
Everett High School students in one of their activities – creating a human representation of the number 84.

In addition to its work in high schools, *The84* held a digital media contest, which was an updated version of the popular film shorts contest held in 2007 and 2008. The contest provided an opportunity for young people engaged with *The84* to use their creativity to highlight their tobacco-free lifestyles. Young people from 19 cities and towns across the Commonwealth submitted 107 entries to the contest.

A panel of judges which included youth from different regions of the state selected the winning entries in several prize categories. The grand prize winner was an entry from Sociedad Latina in Boston. First place category winners were entries from Burlington High School, Norwood High School, Whittier Regional Vocational Technical High School, and Cambridge Rindge and Latin High School. Twelve special awards were also given out at the Digital Media Festival held in April 2009. Entries were available for viewing at **the84.org**, where site visitors could vote for their favorite. An entry from Somerville High School won the FY 2009 Viewers' Choice Award.



Melanie Haynes from Whittier Regional Vocational High School won "Most Creative" for her illustration.



An illustration by Jamie Cook of Burlington High School won the "Most Hip" category.

Massachusetts youth reach out to peers

Mass Youth Against Tobacco (MYAT) coordinates a growing tobacco prevention movement in Massachusetts for youth, by youth. An MTCP-funded project of Health Resources in Action (HRiA), MYAT provides young people with opportunities to take the lead in tobacco prevention efforts through community-based mini-grants and statewide activities, including a youth summit and the youth leadership awards.

In FY 2009, MYAT awarded mini-grants to 23 youth groups in 21 communities across the Commonwealth to support young people in engaging their peers in tackling tobacco-related issues. A total of 257 young people directly participated in the mini-grant projects and were able to reach an estimated 12,860 other youth.

The FY 2009 mini-grant categories were based on the top priority issues identified by young people attending the 2008 Youth Summit.

- **Youth Create Change** – Three youth groups worked with city officials and community residents in Boston and Worcester to address tobacco industry targeting of youth. The young people worked with their local governments and retailers to reduce the amount of tobacco advertising in their communities. These grants increased young people’s understanding of how local ordinances are passed and the importance of community involvement in influencing policy change.
- **Role Models – Take Action** – Using this grant, youth groups in 13 cities and towns from Hyannis to Springfield trained role models in their communities to speak out against tobacco use and tobacco industry tactics. The young people created visual displays and conducted media campaigns that featured role models and promoted tobacco-free lifestyles.
- **Taking Back Our Communities – Taking on Big Tobacco** – Five youth groups in Dorchester, Everett, Lowell, and Springfield worked with communities of color and residents of low-income neighborhoods to research cultural perceptions related to smoking and to raise awareness of how the tobacco industry targets their communities. Several groups conducted surveys to assess alcohol and tobacco advertising in retail stores in their communities and presented this information to elected officials, board of health members, and residents.

A list of FY 2009 mini-grant recipients is located on page 41.

Young people tackle tobacco at Youth Summit

On May 9, 2009, over 200 Massachusetts youth and their adult allies from across the state gathered together at College of the Holy Cross in Worcester for a youth summit. One of the main objectives of this event was to celebrate the youths' tobacco prevention accomplishments from the past year. Youth and adult leaders also brainstormed ideas for keeping the tobacco prevention movement strong in the upcoming year despite financial obstacles and a flood of dangerous new tobacco products.

The event was attended by state legislators, including Representative Jim O'Day (Worcester), Representative Paul Frost (Oxford, Sutton, and Millbury), and Tom O'Neill, aide to Senator Michael Moore (Worcester, Auburn, Grafton, Leicester, Millbury, Shrewsbury and Upton). Representative O'Day honored *The84* statewide movement with a special citation.

A highlight of the day was the presentation of the 2009 Regional and Statewide Youth Leadership Awards. Axl Mora of Worcester was the Statewide Youth Leadership Award Winner. Regional Youth Leadership Awards went to Britni Hagopian of Oxford, Tatiana Cortes of Roxbury, Cvetiva Popa of Somerville, Lise Wagnac of Lynn, Celina Tchida of Bridgewater, and ThiVy Pham of Springfield.



Statewide Youth Leadership Award winner Axl Mora is congratulated by Representative Jim O'Day, and Tom O'Neill from Senator Michael Moore's office.

School Tobacco Policy Forum guides lasting change

In response to demand from school administrators working to implement effective tobacco policies in their schools, MTCP held a school tobacco policy forum in April. Forum attendees included members of local school committees, boards of health, school administrators, teachers, and nurses representing schools from the Berkshires to the Cape. The forum addressed practical considerations for implementing effective tobacco policies, including how to conduct enforcement, and how to work with stakeholders to ensure a successful, sustained policy.

MTCP released its new School Tobacco Policy Handbook at the forum. The handbook includes many of the topics covered at the forum. It also contains model policies for schools to adapt. Copies of the handbook are available for download at www.makesmokinghistory.org; type the words *school policy* into the website's search function.

Compliance checks—tobacco sales to minors

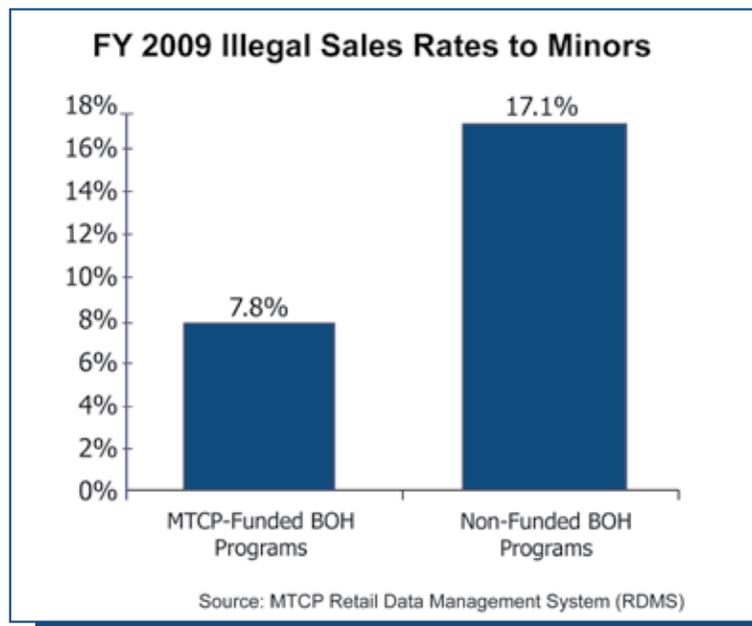
In FY 2009, communities without MTCP-funded board of health tobacco control programs had illegal sales rates at more than twice the rate of funded communities.

Between July 1, 2008 and June 30, 2009 (FY 2009), programs funded by MTCP (including funded boards of health, Youth Access Prevention Programs, Massachusetts Health Officers Association mini-grants, and Massachusetts Association of Health Boards) completed a total of 14,802 tobacco compliance checks in Massachusetts. By definition, a compliance check is considered completed if a youth is able to enter an establishment, tobacco is available for sale, and the youth is able to ask to purchase the tobacco product.

In FY 2009, 195 of the 351 cities and towns in Massachusetts received funds from MTCP to have board of health tobacco control programs. MTCP-funded board of health programs conduct regular compliance checks to assess compliance with regulations that prohibit the sale of tobacco to minors. In these 195 communities, penalties for the sale of tobacco products to minors are assessed and levied by local boards of health. These penalties include warnings, fines, and/or suspensions of local tobacco sales permits for repeat violations.

In 104 of the 156 communities that did not have MTCP-funded boards of health, the Youth Access Prevention Programs, the Massachusetts Health Officers Association (MHOA) mini-grants, and the Massachusetts Association of Health Boards (MAHB) conducted compliance checks for surveillance and education purposes.

Programs working in the majority of the communities without MTCP-funded boards of health did not conduct enforcement activities or retailer notification, due to limited resources. However, a small number of boards of health did issue fines to retailers.



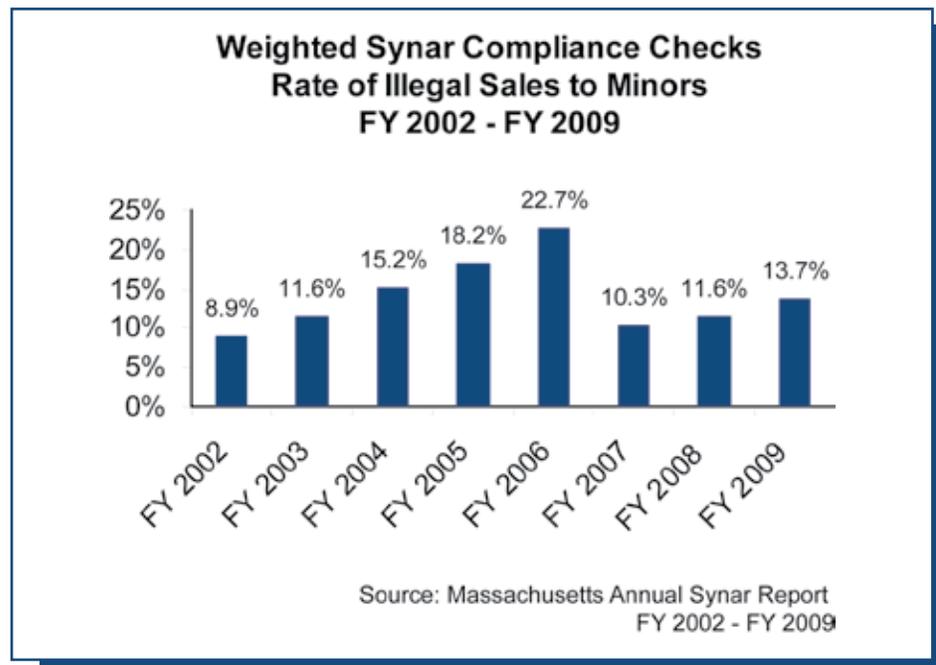
In FY 2009, MTCP-funded board of health programs completed 12,937 compliance check attempts, which resulted in 1,005 illegal tobacco sales to minors. The compliance rate was 92.2% in MTCP-funded communities, and the illegal sales rate was 7.8%.

In communities **without** MTCP-funded boards of health, the Massachusetts Health Officers Association mini-grants, Massachusetts Association of Health Boards, and five Youth Access Prevention Programs completed 1,865 compliance check attempts, which resulted in 319 illegal sales. The compliance rate was 82.9% in non-funded communities, and the illegal sales rate was 17.1%—more than double that of communities with funded boards of health.

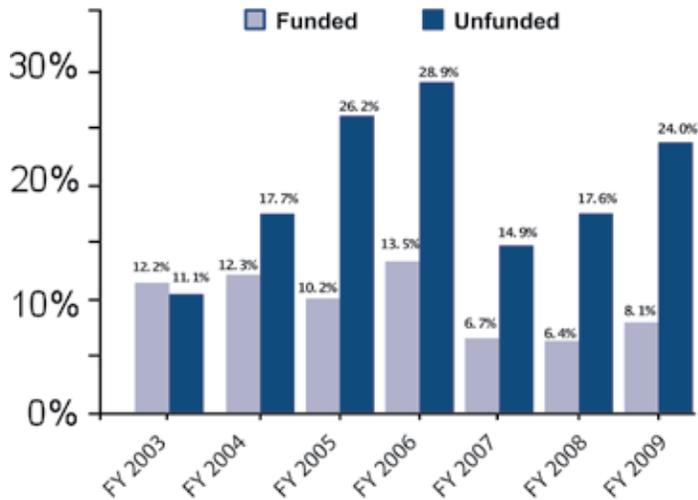
FY 2009 Synar results

With three years of funding from FY 2007 through FY 2009, MTCP's local programs have successfully reduced the rate of illegal sales to minors. However, MTCP remains concerned about much higher sales rates in municipalities without board of health funding.

Each year, Massachusetts is required to draw a random sample of the compliance checks conducted across the state to complete the annual federal Synar report. The Synar amendment requires states to conduct randomly selected, unannounced compliance checks with local tobacco retailers, in which underage youth attempt to purchase tobacco.



Synar Sales Rates in MTCP–Funded and Unfunded Communities FY 2003 - FY 2009



Source: MTCP Compliance Check Database and Retail Data Management System (RDMS)

Because the Synar illegal sales rate is determined by using a random sample of compliance checks that is weighted for geography, population, and funding, MTCP uses the Synar illegal sales rate as the Massachusetts illegal sales rate for cigarettes.

In FY 2009, 2,528 of the compliance checks conducted statewide were randomly selected and included in the Synar sample. The resulting weighted sales rate was 13.7%, close to the FY 2007 and FY 2008 sales rates, representing a significant decrease from the 22.7% Synar sales rate in FY 2006.

Tobacco retail store inspections and merchant education visits

In FY 2009, MTCP-funded board of health programs conducted 11,109 store inspections and/or merchant education visits, resulting in 3,307 stores with violations. The type of violations reported include failure to have valid tobacco sales permit or required signs posted, presence of self-service displays, and violations of vending machine laws. As a result of these violations, 3,022 warnings were issued to retailers, and 59 of the violations resulted in fines.

In communities without MTCP-funded boards of health, Youth Access Prevention Programs and MHOA mini-grants conducted 1,792 retail establishment visits, resulting in violations noted in 510 stores. These violations included 213 point of purchase signage violations for large signs; 108 point of purchase signage violations for small signs; 267 cigar warning sign violations; and 77 self-service display violations. Many stores had multiple violations.

Looking ahead

To broaden the reach of *The84* youth tobacco movement, MTCP will develop chapters of *The84* in school and community groups throughout the state. The chapter groups will work to promote *The84* movement, support local tobacco policy change, and expose the tobacco industry's marketing tactics. As members of a chapter of *The84*, youth will raise awareness among their peers and in their communities about the effects of tobacco use and the techniques used by the tobacco industry to hook youth on their products.

Chapters of *The84* will be provided with a toolkit, materials, resources, and training to carry out tobacco prevention activities in their schools or communities. In addition, chapters will be eligible to participate in contests and competitions to raise awareness of *The84* and fight the tobacco industry's influence among their peers. More advanced chapters will be eligible for small grant awards to conduct community research and promote policy change.



Protecting children and adults from secondhand smoke

Secondhand smoke is a serious health hazard. Of the more than 4,000 chemicals it contains, at least 60 are known to cause cancer, according to the US Centers for Disease Control and Prevention. Exposure to secondhand smoke can also lead to asthma, lower respiratory infections, ear infections, and Sudden Infant Death Syndrome in children, and to lung cancer and heart disease in nonsmoking adults. The Surgeon General has stated that there is no safe level of secondhand smoke.

Educating parents and caregivers

The Smoke-Free Families Initiative, which began in February 2008, is designed to increase awareness of the danger of secondhand smoke, increase the demand for and supply of smoke-free housing, and to protect children and other vulnerable populations from secondhand smoke exposure in the home.

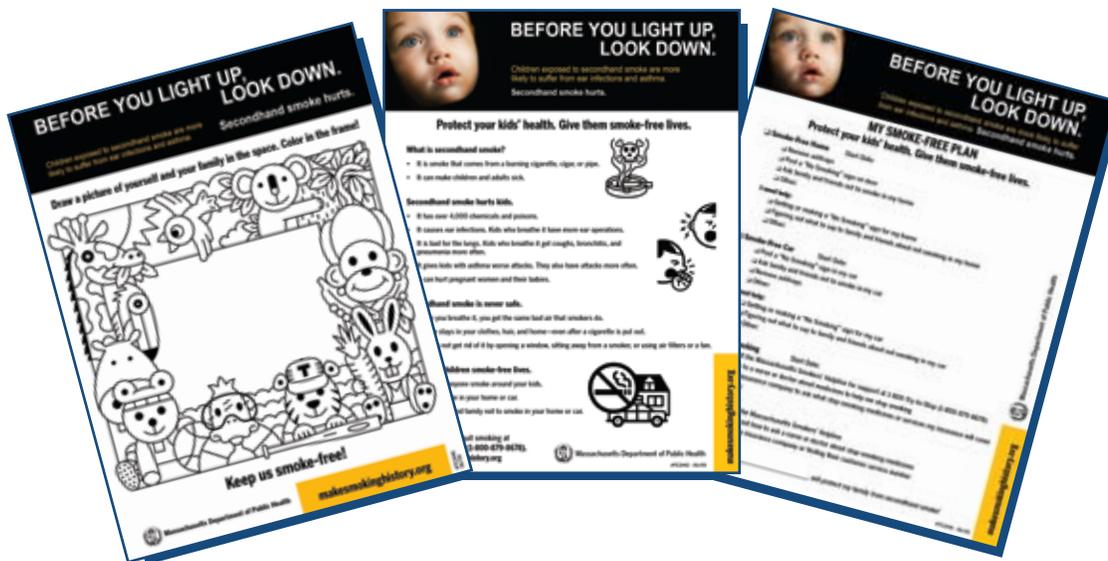
The project focuses on three major areas: educating parents about the danger of secondhand smoke; educating landlords, condo associations, and tenants about their legal options around smoke-free housing; and providing support and training to human service agencies to provide information about, and screen for, secondhand smoke exposure.

To educate parents, MTCP funded Health Resources in Action (HRiA), formerly known as The Medical Foundation, to train all school nurses in Fall River on strategies for intervening with parents on the issue of secondhand smoke. HRiA also trained local teens to educate parents at day care centers about secondhand smoke and to encourage the parents to adopt smoke-free home rules.

Working with MTCP, HRiA also provided guidance to the Boston Housing Authority (BHA) and tenant task forces to increase the number of units in the BHA that are smoke-free. By the end of FY 2009, HRiA had secured commitment from the BHA to have smoke-free units in two developments that were under renovation.

To support smoke-free efforts through human service agencies, MTCP funded the Institute for Health and Recovery (IHR) to train staff from programs such as Early Intervention, Healthy Families, and FOR Families to intervene with parents on secondhand smoke issues. IHR also worked with these programs' administrators to adapt their standard intake forms to include questions about smoking status and secondhand smoke.

While working with human service agencies, IHR identified a need for additional materials in the style of the *Before You Light Up, Look Down* campaign. MTCP developed an “easy-to-read” fact sheet on secondhand smoke and a smoke-free home pledge that can be used to facilitate conversations. Both are available in English and Spanish. Similarly, HRiA identified the need for materials that could be used to occupy a child while a provider spoke with a parent about secondhand smoke. To meet this need, MTCP developed a coloring page that invites children to draw a picture of themselves in a frame that they color, tagged with the line “keep us smoke-free.” The picture, which parents can then display in their home, is a reminder of why they are changing their smoking behavior. These new materials are available for download at www.makesmokinghistory.org; type the words *secondhand smoke plan* into the website’s search function.



Facilitating smoke-free housing

MTCP funded the Public Health Advocacy Institute (PHAI) to provide technical assistance to landlords, condo associations, and tenants on technical and legal issues around smoke-free housing. In FY 2009, PHAI focused its work in the Boston and Northampton areas. PHAI held a series of informational meetings for landlords, presented information at housing trade association meetings, and provided one-on-one technical assistance.

During the summer of 2008, PHAI conducted a phone survey of residents in the greater Boston and Northampton areas to assess the demand for smoke-free housing. During the same period, PHAI conducted a mail survey of landlords in those areas to determine the supply of smoke-free housing and to see if landlords knew they could make their properties smoke-free.

The phone survey of residents found a high demand for smoke-free housing and demonstrated a willingness among tenants to pay more for a smoke-free unit.

The survey of landlords revealed that the supply of smoke-free housing was much lower than the demand and, in general, landlords were confused about their options and thought that implementing a smoke-free rule would be complicated. There was, however, high satisfaction among landlords who had already implemented a smoke-free rule; of these landlords, 99% felt that going smoke-free was a good decision that saved them money and attracted tenants. Most felt that the rule was simple to implement and enforce.

The survey data revealed an information gap and demonstrated the need for more education and assistance to landlords on their options for making their properties smoke-free. A report containing the landlord and tenant survey data can be found at www.makesmokinghistory.org; type the words *report on tenant demand* into the website's search function. Guides to help tenants, landlords, and condo associations make their properties smoke-free are also available at www.makesmokinghistory.org.

Looking ahead

During FY 2009, the majority of calls to MTCP's secondhand smoke hotline were from tenants looking for information on secondhand smoke. During FY 2010, MTCP plans to upgrade its website with additional information on smoke-free housing and to develop a toll-free number at the Public Health Advocacy Institute where landlords, condo associations, and tenants can obtain more information about smoke-free housing and get referrals for additional assistance.

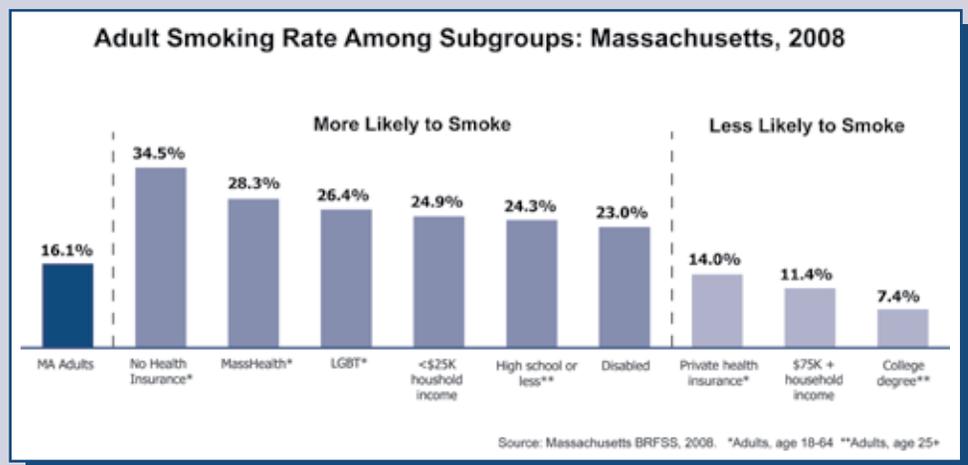
At the request of Massachusetts Executive Office of Health and Human Services (EOHHS) Secretary JudyAnn Bigby, MTCP began work in FY 2009 on a new secretariat-wide initiative to implement tobacco-free campuses at all EOHHS sites. Tobacco-free means no smoking, chewing, or other tobacco use anywhere, indoors or out, at all sites. MTCP began collecting information from EOHHS sites, evaluating possible implementation models, and working within EOHHS to prepare for the new tobacco-free rule. The initiative will be implemented on December 11, 2009.



Identifying and eliminating tobacco-related disparities

Although the statewide smoking rate has fallen, people in certain demographic groups bear a disproportionate burden of harm from tobacco use. People with no health insurance smoke at rates more than twice the state average.

Smoking rates significantly higher than the state average are also found among people with household incomes of less than \$25,000; people who use MassHealth; those who have high school educations or less; people who identify themselves as lesbian, gay, bisexual or transgendered; and people with disabilities.



MTCP analyzes data from several sources to track trends in smoking prevalence among specific population groups. Based on this data, MTCP targets its programs to reach those populations where smoking rates are high.

MTCP's Community Smoking Intervention (CSI) programs target communities where smoking rates are substantially higher than the statewide average. By connecting with existing community programs, CSIs are able to reach high-need populations more effectively.

Community health centers (CHCs) also work with racially and ethnically diverse populations with higher than average smoking rates. Many of their patients have no health insurance or are MassHealth members. CHC tobacco-use intervention projects work toward institutionalizing smoking interventions into patients' interactions with health care professionals.

Children from low-income families or those whose parents have lower educational attainment are at higher risk of secondhand smoke exposure. In FY 2009, MTCP targeted its efforts to reduce children's secondhand smoke exposure toward low-income families in several geographic areas where smoking rates are highest: Springfield, New Bedford, and certain Boston neighborhoods.

FY 2009 saw the positive impact of targeting a high-need population. The rate of smoking among MassHealth members has fallen due to the implementation and promotion of a new smoking cessation benefit. More details can be found on page 9 of this report.

In June 2009, MTCP and its DPH partners from the Division of Health Promotion and Disease Prevention and the Office of Primary Care co-sponsored a workshop on tobacco use and chronic disease for community health workers (CHWs) employed in health care settings. CHWs work with low-income and other vulnerable populations. The training curriculum developed for the workshop includes information on tobacco use and its relationship to chronic disease prevention and management. The training also provided tools CHWs can use to encourage smokers to make a quit attempt and help them access cessation resources available through their health care provider or in the community.

Looking ahead

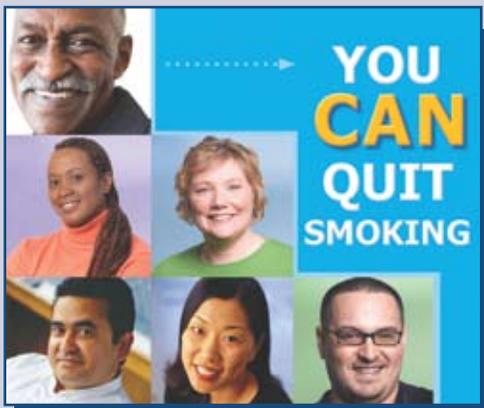
Smoking is a major factor contributing to the alarmingly high rates of disability and premature death due to cancers, heart disease, stroke, and diabetes experienced by men of color in Massachusetts. In FY 2010, MTCP will participate with DPH's Division of Health Promotion and Disease Prevention in a new community-based initiative to improve the health and wellbeing of African American, Latino, Asian, and other men of color. Through an RFR process, DPH will fund community organizations to partner with community leaders, health care providers, community members, and DPH programs to develop and pilot innovative and sustainable approaches to reducing health disparities that affect these groups—including those related to tobacco use.



Developing and implementing a comprehensive communications plan

Using social marketing guidelines and CDC best practice recommendations, MTCP develops and disseminates messages that help prevent young people from starting to smoke, encourage current smokers to quit, and protect all residents from the dangers of secondhand smoke.

MTCP focuses its messages on groups that suffer a disproportionate burden from tobacco use. Each message is tailored to a specific target audience using market segmentation techniques. Demographic data determines the target audience and focus group testing helps form and refine the message.



Recognizing the need for clear, easy-to-read materials about the best ways to quit smoking, MTCP developed the booklet, *You CAN Quit Smoking*. This booklet offers practical advice based on the latest recommendations from experts in the field and real-life experiences of Massachusetts smokers. The content of the booklet was then adapted into the quitting section of the www.makesmokinghistory.org website, where links to additional resources are available. Individual booklets can be ordered free of charge on www.makesmokinghistory.org; enter the word *booklet* in the site's search function.

The booklet was also adapted into Spanish and focus-tested for language and cultural relevance. Although budget constraints have prevented printing the Spanish version of the booklet, it is available on the Spanish section of the MTCP consumer website at www.makesmokinghistory.org/spanish.

MTCP did not have the funding to continue its *Fight 4 Your Life* advertising campaign on a statewide level in FY 2009. Instead, MTCP focused its advertising resources on adapting *Fight 4 Your Life* for use in supporting three geographically-targeted nicotine patch promotions in the Fall River/ New Bedford area, Lawrence/Lowell area, and Franklin County area. MTCP worked with a Massachusetts-based communications firm, causemedia, to tailor the mix of media channels, spokespeople, and languages to fit the unique demographics of each of the geographic areas. One of the adaptations that ran in English and Spanish showed a Latino ex-smoker with his two-year-old daughter, emphasizing the issue of secondhand smoke.

Due to the popularity of the *Fight 4 Your Life* campaign's motivational true stories of Massachusetts residents who quit smoking, MTCP adapted the home page of www.makesmokinghistory.org to showcase these inspiring stories. New stories from the FY 2009 *Fight 4 Your Life* campaign were added to those from the statewide campaign.

Information related to communications campaigns is available at www.makesmokinghistory.org.

Free educational materials are available to individuals or groups through the Massachusetts Health Promotion Clearinghouse at www.mhclearinghouse.com.

Reports, data, and program information are available through the official website of the Commonwealth of Massachusetts at www.mass.gov/dph/mtcp.





Conducting surveillance and evaluation

The Massachusetts Tobacco Cessation and Prevention Program conducts surveillance and evaluation to ensure maximum results from its efforts. MTCP's surveillance tracks changes in tobacco use and effects over time, while its program evaluation determines the effectiveness of a specific program or activity.

The tools MTCP uses in surveillance and evaluation include:

- telephone surveys
- electronic tracking of physician interventions
- hospital records
- insurance claims
- birth records and death records
- all measurements of specific program outcomes, including cost effectiveness

In recent years, MTCP has focused on presenting surveillance information in ways that help inform local decisions on tobacco. To disseminate this information at real-time speed, MTCP uses the Tobacco Automated Fact Sheet Information (TAFI) system. TAFI is an online tool that creates fact sheets based on the most current statistics and program information for each municipality in Massachusetts. TAFI is available on the home page of www.makesmokinghistory.org.

In FY 2009, MTCP tested an internet-based system for tracking program targets and milestones to ensure quality and consistency of work, to evaluate program effectiveness, and to hold contractors accountable. The system allows for immediate update of commonly-used reports and files.

The appendix starting on page 56 provides a comprehensive summary of statistical indicators for the short, intermediate, and long-term outcomes that are found in the MTCP logic models. For each outcome indicator, the table includes the most recent measurement of that indicator. For example, the most recent measurement of adult smoking prevalence in Massachusetts is obtained from the 2008 BRFSS. That rate was 16.1%. Where available, the appendix also includes the degree to which that indicator changed in the time between the two most recent assessments.

MTCP surveillance and evaluation projects in FY 2009

- **Impact of MassHealth Tobacco Cessation Benefit** – Using BRFSS and MassHealth claims data, MTCP researchers measured the impact of use of the MassHealth tobacco cessation benefit on smoking prevalence and specific health outcomes.
- **Behavioral Risk Factor Surveillance System (BRFSS)** – Annual survey of adults conducted to evaluate risky behaviors, including smoking, in Massachusetts. The Massachusetts Department of Public Health (DPH) is responsible for data collection.
- **Youth Risk Factor Surveillance System (YRBSS) and Youth Health Survey** – Bi-annual survey of middle and high school students conducted to evaluate risky behaviors, including smoking, in Massachusetts. Data collection is a collaboration between DPH and the Massachusetts Department of Elementary and Secondary Education.
- **Cigarette Pricing Field Survey** – To measure the impact on cigarette prices of recent state and federal tax increases, field surveys were conducted to determine the change in prices within communities across the Commonwealth. The three waves of this field survey were conducted by Mathematica Policy Research on behalf of MTCP.
- **Executive Office of Health and Human Services (EOHHS) Campus Field Survey** – An observational field survey of EOHHS campuses was conducted in advance of the smoke-free campus initiative planned for FY 2010. The goal of the survey was to observe current smoking patterns in outdoor spaces to determine how best to implement a smoke-free policy in a variety of types of campuses. This field survey was conducted by Mathematica Policy Research on behalf of MTCP.
- **Massachusetts Health and Economic Survey** – Survey of Massachusetts adults to assess the awareness level of the health and economic impact of smoking on the Commonwealth. In addition to statewide estimates, the survey design permitted estimates from Boston, Springfield, Worcester, Lawrence, New Bedford, Franklin County, and Berkshire County. The interactive voice response survey was conducted by SurveyUSA on behalf of MTCP.
- **Parental Attitudes Regarding Youth Smoking** – Survey of Massachusetts parents of school-aged children to assess attitudes about youth smoking, smoking in schools by students and teachers, smoking at school-sponsored events, and retailers selling tobacco and/or alcohol to youth. In addition to statewide estimates, the survey design permitted estimates from Springfield and the four western Massachusetts counties. The interactive voice response survey was conducted by SurveyUSA on behalf of MTCP.



MTCP programs active in FY 2009

Local programs

Twenty-one Board of Health Tobacco Control Programs enforce youth access and secondhand smoke laws in 192 municipalities.

Andover Board of Health - Healthy Communities Tobacco Control Program

Andover	Dracut	Haverhill
Lynnfield	Methuen	Middleton
North Reading	Newburyport	North Andover
Reading	Stoneham	Topsfield

Barnstable County Health and Human Services – Cape Cod Regional Tobacco Control Program

Acushnet	Aquinnah	Barnstable
Bourne	Brewster	Carver
Chatham	Chilmark	Dennis
Eastham	Edgartown	Falmouth
Harwich	Marion	Mashpee
Nantucket	Oak Bluffs	Orleans
Provincetown	Rochester	Sandwich
Tisbury	Truro	Wareham
Wellfleet	West Tisbury	Yarmouth

Belmont Board of Health – Smoke-free Communities

Belmont	Brookline	Milton
Needham	Newton	Waltham
Wellesley		

Boston Public Health Commission – BPHC Tobacco Control Program

Fall River Health Department – Fall River Tobacco Control Program

Dighton	Fall River	Somerset
Swansea	Taunton	Westport

Hingham Board of Health – South Shore Boards of Health Collaborative Tobacco Control Program

Abington	Braintree	Cohasset
Duxbury	Hanover	Hingham
Holbrook	Hull	Kingston
Marshfield	Norwell	Plymouth
Rockwell	Scituate	Weymouth
Whitman		

Lawrence Board of Health – Lawrence Board of Health Tobacco Control Program

Leominster Board of Health – Boards of Health Tobacco Control Alliance

Amherst	Ashburnham	Ashby
Athol	Ayer	Barre
Berlin	Bolton	Boxborough
Buckland	Clinton	Deerfield
Dunstable	Fitchburg	Gardner
Gill	Greenfield	Groton
Hardwick	Harvard	Heath
Hubbardston	Lancaster	Leominster
Littleton	Maynard	Montague
New Braintree	Oakham	Orange
Paxton	Petersham	Phillipston
Royalston	Shelburne	Shirley
Stow	Sunderland	Templeton
Townsend	Westminster	Whately
Williamsburg	Winchendon	

Longmeadow Board of Health – Longmeadow Board of Health Tobacco Control Consortium

Brimfield	East Longmeadow	Longmeadow
Ludlow	Monson	Palmer
Wilbraham		

Lowell Board of Health – Lowell Tobacco Control Program

Malden Board of Health – Mystic Valley Tobacco Control Program

Malden Medford Wakefield

Marblehead Board of Health – North Shore Area Boards of Health Collaborative

Beverly Danvers Lynn
Marblehead Nahant Peabody
Salem Saugus Swampscott

New Bedford Board of Health – Greater New Bedford Tobacco Control Program

Dartmouth Fairhaven New Bedford

Quincy Health Department – Quincy Tobacco Control

Somerville Board of Health – Five City Tobacco Control Collaborative

Cambridge Chelsea Everett
Revere Somerville

South Hadley Board of Health – Mt. Tom Tobacco Control Coalition

Easthampton Granby Hatfield
Holyoke Northampton South Hadley
Southampton

Springfield Department of Health and Human Services – Springfield Tobacco Control Program

Dalton Egremont Great Barrington
Hinsdale Lee Lenox
Monterey New Marlborough Otis
Pittsfield Sheffield Stockbridge

**Tri-Town Health Department – Tobacco Awareness Program
of the Berkshires**

Dalton	Egremont	Great Barrington
Hinsdale	Lee	Lenox
Monterey	New Marlborough	Otis
Pittsfield	Sheffield	Stockbridge

**Westford Board of Health – Westford/Acton/Chelmsford/Tyngsboro
Tobacco Control Program**

Acton	Chelmsford	Tyngsborough
Westford		

**Winchester Board of Health – Metro West Suburban Tobacco
Control Program**

Billerica	Burlington	Lexington
Tewksbury	Wilmington	Winchester

**Worcester Board of Health – Worcester Regional Tobacco
Control Collaborative**

Ashland	Auburn	Boylston
Charlton	Dudley	Grafton
Holden	Hudson	Leicester
Marlborough	Millbury	Northborough
Oxford	Shrewsbury	Southborough
Southbridge	Spencer	Sturbridge
Webster	West Boylston	Westborough
Worcester		

Five Youth Access Prevention Programs serve 93 municipalities by conducting compliance checks and providing education to tobacco retailers, parents, and the community in municipalities without funded boards of health.

Berkshire County – Berkshire Area Health Education Center (AHEC)
Essex County – Greater Lawrence Family Health Center
Franklin and Hampshire Counties – Hampshire Council of Governments
Hampden County – Gandara Mental Health Center, Inc.
Southern Worcester County – Spectrum Health Systems, Inc.

Seven **Community Smoking Intervention Demonstration Projects** work with partners to change social norms and reduce smoking prevalence in high-risk communities.

Boston – Boston Public Health Commission
Franklin County – Franklin Regional Council of Governments
Lawrence – Greater Lawrence Family Health Center
New Bedford – Seven Hills Behavioral Health, Inc.
North Berkshires – Berkshire Area Health Education Center (AHEC)
Springfield – Gandara Mental Health Center, Inc.
Worcester – Spectrum Health Systems, Inc.

Three **Pilot Hospital Programs** are improving health care provider reminder systems in OB/GYN and pediatric practices to support quitting among women who smoke during pregnancy.

Gardner – Heywood Hospital
North Adams – North Adams Regional Hospital
Pittsfield – Berkshire Medical Center (Hillcrest Hospital)

Nineteen **Community Health Center Programs** are improving care delivery and clinical information systems to support tobacco use interventions and operationalize the MassHealth smoking cessation benefit.

Boston (Dorchester) – Codman Square Health Center
Boston (Dorchester) – Dorchester House Multi-Service Center
Boston (Jamaica Plain) – Brookside Community Health Center
Boston (Roxbury) – The Dimock Center
Brockton – Brockton Neighborhood Health Center
Cape Cod (Bourne, Falmouth, and Mashpee) – Community Health Center of Cape Cod
Fall River – Family HealthCare Center at SSTAR
Fitchburg – Community Health Connections Family Health Center
Franklin County – Community Health Center of Franklin County
Holyoke – Holyoke Health Center
Lawrence – Greater Lawrence Family Health Center
Lowell – Lowell Community Health Center
Lynn – Lynn Community Health Center
Martha’s Vineyard (Edgartown) – Island Health Care
New Bedford – Greater New Bedford Community Health Center
Revere - MGH/Revere HealthCare Center
Springfield – Caring Health Center
Worcester – Family Health Center
Worcester – Great Brook Valley Community Health Center

Statewide programs

The **Massachusetts Smokers' Helpline**, the Commonwealth's toll-free phone service to help smokers quit, is operated by John Snow, Inc. The QuitWorks referral program (www.quitworks.org) is run through the Helpline.

Mass Youth Against Tobacco, coordinated by Health Resources in Action, manages the statewide youth tobacco prevention program, including mini-grants, the84.org, youth summit, and a film shorts contest.

The **Educational Partnership**, a component of MTCP's Youth Prevention Programs coordinated by Health Resources in Action, focused on promoting best practices in school tobacco policies to create lasting change protecting young people from secondhand smoke. The Educational Partnership was instrumental in convening a statewide school tobacco policy forum, implementing the middle school 5-2-1-0 program, and distributing the revised school tobacco policy handbook.

The **Smoke-Free Families Initiative** increases awareness of the danger of secondhand smoke and increases the demand for and supply of smoke-free housing in the Commonwealth. Health Resources in Action and the Institute for Health and Recovery integrate the secondhand smoke message into the daily work of human service providers. The Public Health Advocacy Institute of Northeastern University focuses on educating and assisting landlords about making properties smoke-free. The initiative started in February 2008.

Smoking cessation technical assistance and training for health care systems is provided by the University of Massachusetts Medical School. Capacity building for local programs on smoking cessation topics is provided by John Snow, Inc.

Technical assistance and training on secondhand smoke and youth access policy is provided by the Massachusetts Association of Health Boards, the Massachusetts Health Officers Association, and the Massachusetts Municipal Association.

The Massachusetts Health Promotion Clearinghouse is managed by Health Resources in Action. The Clearinghouse develops and distributes tobacco prevention and cessation materials, signs, and enforcement materials for MTCP. Clearinghouse materials are available online at www.maclearinghouse.com.

Youth action mini-grants awarded in FY 2009

Twenty-two Mass Youth Against Tobacco mini-grants were awarded to existing youth groups to work on changing social norms around tobacco and youth and to counter the impact of the tobacco industry in communities.

Role Models – Take Action! mini-grants

Andover	Teen Leaders Club at Merrimack Valley YMCA
Bridgewater	Youth Environmental & Social Society (YESS) at Bridgewater-Raynham Regional School District
Fitchburg	Getting Involved for Teen Safety (GIFTS) Peer Leaders at LUK Crisis Center, Inc.
Hyannis	CIGSYA at Cape & Islands Gay and Straight Youth Alliance
Lynn	La Verdad and Part of the Solution at Girls Inc of Lynn
Malden	TASK (Teen Advocates Sharing Knowledge) at YWCA Malden
Newburyport	Teens Against Tobacco Use at The BEACON Coalition
Reading	C.Hear.Kno/ Hear Know Youth Crew Reading Coalition Against Substance Abuse
South Boston	Southie Tobacco Awareness Team (STAT) at South Boston Action Council
Springfield	Vietnamese Eucharist Youth Society at Southeast Asian Apostolate
Stoughton	Stoughton High School Students Against Destructive Decisions at OASIS Coalition/ Stoughton Youth Commission
Taunton	THS SADD Chapter at Taunton High School
Weston	Weston High School SADD Chapter at Weston Public Schools

Youth Create Change! mini-grants

Dorchester	BOLD Teens at Family, Inc.
Roxbury	Sociedad Latina
Worcester	HOPE Coalition at UMass Memorial Medical Center

Taking Back Our Communities—Taking on Big Tobacco! mini-grants

Dorchester	VACA's Youth Development Program at the Vietnamese American Civic Association
Everett	Teens in Everett Against Substance Abuse (TEASA) at Everett Community Health Partnership/Cambridge Health Alliance
Grove Hall	Drug Abuse Prevention Services (DAPS) at Project RIGHT, Inc.
Lowell	League of Youth at Lowell Community Health Center Teen Coalition
Springfield	Recruitment and Education Assistance for Careers in Health Program at Springfield Department of Health & Human Services

Board of health wellness pilot programs

South Hadley Board of Health

Amherst
Easthampton
Northampton
South Hadley

Lee Board of Health

Lanesborough
Lee
Lenox
Pittsfield
Stockbridge

Longmeadow Board of Health – Longmeadow Board of Health

Tobacco Control Consortium

East Longmeadow
Hampden
Longmeadow
Wilbraham

Fall River Health Department

Attleboro
Fall River
Mansfield
North Attleboro
Somerset
Swansea
Westport

Westford Board of Health

Chelmsford
Lowell
Tyngsboro
Westford

Staff listing

Massachusetts Tobacco Cessation and Prevention Program FY 2009

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Appendix

As of January 1, 2010, a total of 107 municipalities have enacted regulations that restrict smoking in ways that are stricter than the state law. Although MTCP attempts to maintain accurate records, all information gathered is dependent upon municipalities submitting accurate and up-to-date information to MTCP.

Municipalities enacting the most common types of provisions stronger than state law:

Location where smoking is prohibited	Number of municipalities with regulations
Membership associations	45
Smoking bars (including hookah bars and cigar bars)	39
Outdoor seating areas	26
Buffer zones around municipal buildings	28
Playgrounds, parks, beaches, or other outdoor areas	41
Buffer zones around all workplaces	18

Municipalities by the numbers

MTCP collects tobacco-related data on every town and city in the Commonwealth. This information is updated regularly and is available online at www.makesmokinghistory.org/tafi.php.

Reliable information is not available for all categories in all municipalities.

City/Town	Population	% of current smokers (2008)*	% of women who smoked during pregnancy (2003-2007)	Lung Cancer Hospitalizations Age-Adjusted Rate (2002-2006)		Lung Cancer Mortality - Age-Adjusted Rate (2003-2007)		% of Illegal Sales to Minors (FY09)	Funded BOH? (FY09)
				Female	Male	Female	Male		
Abington	16,365	19.0	5.2	58.40	67.57	65.22	53.87	10.4	yes
Acton	20,753	7.8	1.6	52.32	34.73	47.62	31.19	1.4	yes
Acushnet	10,443	19.1	9.1	48.19	52.72	19.41	90.16	0.0	yes
Adams	8,214	21.5	30.7	73.24	38.23	70.03	40.26	0.0	no
Agawam	28,333	18.6	10.5	42.24	55.86	53.04	67.93	9.7	no
Alford	394	8.5	0.0						no
Amesbury	16,429	18.6	7.7	40.09	87.73	52.97	80.30	18.2	no
Amherst	34,275	12.9	5.6	26.94	30.96	25.40	42.33	3.3	yes
Andover	33,284	8.3	2.1	20.50	51.16	31.84	46.17	0.0	yes
Aquinnah	354	18.8	0.0						yes
Arlington	41,144	10.9	1.7	38.85	47.06	39.90	47.17	0.0	no
Ashburnham	5,959	16.1	8.0	47.44				0.0	yes
Ashby	2,944	15.3	11.2					16.7	yes
Ashfield	1,815	12.4	0.0					0.0	no
Ashland	15,796	13.2	3.4	68.47	38.88	56.36	53.64	2.6	yes
Athol	11,601	21.5	21.0	53.56	66.75	61.78	64.21	3.2	yes
Attleboro	43,113	18.5	8.1	41.55	60.37	49.02	82.84	58.3	no
Auburn	16,259	17.0	5.7	83.27	48.80	67.88	53.18	2.9	yes
Avon	4,303	17.6	8.2	65.98	52.45	58.96	66.29		no
Ayer	7,369	18.2	9.5	53.63	100.87	35.70	64.87	4.3	yes
Barnstable	46,738	15.6	11.7	35.98	50.29	49.74	54.27	3.3	yes
Barre	5,419	16.1	8.0	73.28		39.60	76.67	12.5	yes
Becket	1,797	16.8	25.3					0.0	no
Bedford	13,146	7.7	3.4	48.51	18.16	37.78	52.60		no
Belchertown	13,971	16.3	8.9	78.82	39.92	63.35	51.79	18.2	no
Bellingham	15,908	17.2	6.4	74.58	106.98	75.93	73.62	13.2	no
Belmont	23,356	7.9	1.7	32.93	41.77	29.64	28.91	21.1	yes
Berkley	6,433	18.0	5.6		88.29			33.3	no
Berlin	2,699	14.4	5.0					0.0	yes
Bernardston	2,225	15.1	6.8					0.0	no
Beverly	39,198	15.8	6.9	59.75	86.30	48.33	64.17	2.8	yes
Billerica	42,038	20.3	8.2	60.41	77.35	68.98	118.35	2.8	yes
Blackstone	9,042	21.6	15.4	55.87	78.27	48.80	80.11	4.8	no

City/Town	Population	% of current smokers (2008)*	% of women who smoked during pregnancy (2003-2007)	Lung Cancer Hospitalizations Age-Adjusted Rate (2002-2006)		Lung Cancer Mortality - Age-Adjusted Rate (2003-2007)		% of Illegal Sales to Minors (FY09)	Funded BOH? (FY09)
				Female	Male	Female	Male		
Blandford	1,279	17.3	0.0					0.0	no
Bolton	4,481	8.0	0.0					16.7	yes
Boston	599,351	16.8	3.8	61.80	84.91	41.47	71.11	7.5	yes
Bourne	19,023	18.2	11.3	99.19	79.57	63.76	75.27	18.4	yes
Boxborough	5,097	8.7	3.7					0.0	yes
Boxford	8,074	7.0	0.0	41.26		64.82	40.98		no
Boylston	4,266	13.1	4.1		97.66	41.11	63.83	16.7	yes
Braintree	34,422	15.1	3.3	50.90	54.42	47.90	65.43	7.6	yes
Brewster	10,023	13.5	6.0	32.52	31.25	41.58	68.90	5.3	yes
Bridgewater	25,514	17.0	6.1	57.62	33.59	65.03	81.69		no
Brimfield	3,695	16.9	9.5					0.0	yes
Brockton	93,092	21.1	10.3	63.61	68.76	43.08	86.73	39.1	no
Brookfield	3,030	18.9	11.9	182.55				0.0	no
Brookline	54,809	7.8	0.5	40.64	31.92	28.50	37.64	19.3	yes
Buckland	1,990	15.9	7.5					0.0	yes
Burlington	25,034	11.6	2.3	48.87	59.29	48.86	79.30	3.6	yes
Cambridge	101,388	11.3	2.0	38.78	51.83	34.04	47.31	10.5	yes
Canton	21,916	12.0	3.0	41.51	49.76	46.65	54.40	4.2	no
Carlisle	4,882	3.9	0.0						no
Carver	11,547	17.4	11.5	49.29	80.53	57.80	75.99	6.1	yes
Charlemont	1,367	16.9	19.6					11.1	no
Charlton	12,576	18.8	7.0	117.24	110.98	89.48	128.35	0.0	yes
Chatham	6,726	11.3	7.2	32.41	38.81	44.15	43.30	0.0	yes
Chelmsford	34,128	12.2	3.7	39.94	79.13	42.56	59.41	3.1	yes
Chelsea	38,203	20.1	4.0	63.68	68.44	48.29	59.81	3.2	yes
Cheshire	3,299	16.7	12.9		89.12	47.37	92.32	0.0	no
Chester	1,296	20.5	16.7					100.0	no
Chesterfield	1,273	17.8	0.0					0.0	no
Chicopee	53,876	22.5	14.8	47.97	71.80	48.34	81.82	11.3	no
Chilmark	963	10.4						0.0	yes
Clarksburg	1,631	19.2	16.1			107.03	136.14	0.0	no
Clinton	14,030	19.1	9.3	44.26	97.57	48.99	73.53	2.4	yes
Cohasset	7,182	8.3	1.1	34.38	77.91	30.21	52.44	3.3	yes
Colrain	1,840	18.1	22.9					0.0	no
Concord	16,840	5.1	1.0	21.21	36.23	15.59	35.30		no
Conway	1,884	11.7	7.7					33.3	no
Cummington	974	13.9	0.0					0.0	no

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Dalton	6,582	15.8	15.2	53.42	67.40	45.94	68.76	0.0	yes
Danvers	26,736	14.2	6.3	63.09	63.18	46.77	56.53	6.5	yes
Dartmouth	31,241	16.2	8.8	34.80	48.33	29.20	56.42	2.5	yes
Dedham	24,132	14.7	4.4	49.90	52.80	50.37	43.12	31.4	no
Deerfield	4,731	14.6	5.5	46.77				16.7	yes
Dennis	15,473	14.6	16.6	32.86	39.37	39.80	50.02	5.6	yes
Dighton	6,748	16.6	7.5	67.86		48.65	85.33	0.0	yes
Douglas	7,924	17.9	6.3	64.70		72.11	77.00	20.0	no
Dover	5,627	4.7	0.0						no
Dracut	29,498	19.4	9.1	50.60	62.02	53.83	87.41	18.0	yes
Dudley	10,780	19.2	11.9	37.26	57.75	37.14	87.59	9.5	yes
Dunstable	3,290	10.6	3.7					0.0	yes
Duxbury	14,444	8.8	2.0	47.00	35.13	47.55	54.10	0.0	yes
East Bridgewater	13,879	18.8	6.5	44.15	77.78	57.78	71.25		no
East Brookfield	2,069	20.0	7.1		138.86			0.0	no
E. Longmeadow	15,222	13.6	5.6	29.97	39.37	31.66	45.71	0.0	yes
Eastham	5,445	15.6	9.5			32.32	30.72	0.0	yes
Easthampton	16,064	19.7	12.3	21.97	54.00	34.72	79.32	3.3	yes
Easton	22,969	13.8	2.8	47.62	68.58	67.64	68.93		no
Edgartown	3,920	14.5	6.7		107.65			37.5	yes
Egremont	1,350	9.1	11.4					0.0	yes
Erving	1,537	20.9	21.5					50.0	no
Essex	3,323	15.2	0.0			55.94	69.16	0.0	no
Everett	37,269	21.6	7.6	66.68	94.34	54.49	74.21	3.1	yes
Fairhaven	16,124	21.4	9.8	52.11	74.58	39.66	65.77	0.0	yes
Fall River	90,905	28.2	19.9	42.90	100.81	33.84	80.09	5.7	yes
Falmouth	33,247	14.7	12.5	56.32	73.19	45.83	52.27	1.2	yes
Fitchburg	39,835	23.1	14.2	30.51	45.57	39.21	65.42	6.5	yes
Florida	678	18.9	18.2					0.0	no
Foxborough	16,298	14.4	5.4	83.58	18.29	51.02	59.47	38.9	no
Framingham	64,786	14.1	4.6	37.57	56.43	29.16	58.46	12.0	no
Franklin	31,381	14.1	3.8	48.30	91.73	36.42	86.65		no
Freetown	8,935	17.4	10.2	29.65	76.44	31.91	98.70		no
Gardner	20,613	23.4	19.4	46.33	69.97	39.11	85.49	4.0	yes
Georgetown	8,147	13.4	3.6	53.61	64.57			0.0	no
Gill	1,379	14.8	0.0					0.0	yes
Gloucester	30,308	19.0	13.1	51.97	75.54	47.44	85.88	9.3	no
Goshen	956	16.5	11.1					0.0	no

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Gosnold	84	27.1							no
Grafton	17,525	14.3	3.8	37.63	45.23	58.04	69.50	0.0	yes
Granby	6,285	16.1	4.4	42.54	112.26	31.44	50.03	5.3	yes
Granville	1,676	15.9	8.1					100.0	no
Great Barrington	7,372	16.7	9.5	29.54	66.00	27.34	91.48	0.0	yes
Greenfield	17,706	22.0	21.6	58.74	96.51	39.87	98.88	6.3	yes
Groton	10,641	11.1	3.2	37.81				0.0	yes
Groveland	6,923	13.0	6.9	92.71	129.18	81.65	94.20	14.3	no
Hadley	4,787	13.1	7.8	32.58		44.46	48.31	16.7	no
Halifax	7,700	17.6	10.6	69.39	96.46	51.91	80.20		no
Hamilton	8,188	11.6	0.0	42.75	42.85			33.3	no
Hampden	5,305	13.5	11.3					0.0	no
Hancock	1,082	15.1	0.0					0.0	no
Hanover	13,966	14.2	2.1	29.86	42.55	27.73	53.88	4.0	yes
Hanson	9,956	18.0	8.1	75.06	105.12	56.25	86.25		no
Hardwick	2,650	19.4	9.6		133.00			0.0	yes
Harvard	6,001	6.4	0.0					0.0	no
Harwich	12,387	15.0	12.0	40.71	39.77	44.48	45.40	5.3	yes
Hatfield	3,258	15.0	5.0		77.48			0.0	yes
Haverhill	59,902	19.6	11.8	47.69	59.03	46.69	74.15	9.8	yes
Hawley	336	18.8							no
Heath	797	16.8	0.0					0.0	yes
Hingham	22,394	8.5	1.4	31.86	56.73	40.75	51.21	0.0	yes
Hinsdale	1,937	19.2	18.8					0.0	yes
Holbrook	10,663	19.4	10.0	68.12	68.77	66.57	85.48	6.7	yes
Holden	16,581	11.5	3.7	26.87	65.64	36.18	41.78	3.7	yes
Holland	2,532	18.6	16.9					0.0	no
Holliston	13,941	12.2	2.8	49.87	85.48	36.97	35.53	0.0	no
Holyoke	39,737	20.6	9.5	46.99	52.53	44.02	60.00	13.6	yes
Hopedale	6,165	16.1	5.6			31.63	31.95	11.1	no
Hopkinton	14,307	9.0	2.1	28.55	78.78	44.12	59.15		no
Hubbardston	4,461	13.8	8.7	92.77				0.0	yes
Hudson	19,580	16.6	5.6	42.30	99.51	47.82	88.36	0.0	yes
Hull	11,067	19.1	6.9	61.09	67.87	56.01	55.09	10.0	yes
Huntington	2,193	17.7	14.5					20.0	no
Ipswich	13,245	14.4	6.4	45.95	63.41	45.52	49.90	0.0	no
Kingston	12,339	17.0	6.9	41.87	85.32	51.32	90.22	4.0	yes
Lakeville	10,587	15.1	7.5	31.23	65.03	46.95	61.92		no

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Lancaster	7,047	14.5	4.7		52.58	32.16	69.93	25.0	yes
Lanesborough	2,891	19.7	11.0					0.0	no
Lawrence	70,066	15.6	6.3	37.99	73.28	39.17	62.56	10.0	yes
Lee	5,803	19.6	10.6	31.55	60.72	45.43	67.61	0.0	yes
Leicester	10,982	17.6	8.7	42.10	40.83	70.24	93.87	0.0	yes
Lenox	5,105	13.2	10.7	24.52	41.35	21.53	38.79	0.0	yes
Leominster	41,128	17.6	9.9	42.03	56.95	43.26	83.36	2.9	yes
Leverett	1,746	8.7	0.0					0.0	no
Lexington	30,332	6.1	1.2	29.30	30.74	20.03	31.75	5.3	yes
Leyden	802	15.6	35.7						no
Lincoln	7,994	5.9	3.3	45.95					no
Littleton	8,714	11.6	3.2	29.29		33.29	46.44	15.0	yes
Longmeadow	15,315	7.4	1.1	23.83	35.63	27.89	32.54	3.6	yes
Lowell	103,512	24.2	11.4	51.07	81.24	52.49	87.88	7.4	yes
Ludlow	22,062	19.0	9.7	20.83	71.63	33.50	82.89	0.0	yes
Lunenburg	9,948	14.4	5.4	40.90	67.65	38.12	75.22		no
Lynn	87,122	20.0	9.2	69.22	86.80	56.42	83.73	4.8	yes
Lynnfield	11,382	8.8	2.2	38.26	32.89	44.74	41.72	0.0	yes
Malden	55,712	17.6	6.9	54.81	84.00	48.59	80.42	9.6	yes
Manchester	5,265	14.6	0.0					0.0	no
Mansfield	22,993	15.3	4.1	58.40	69.22	31.31	77.21	42.1	no
Marblehead	20,039	8.7	1.1	47.44	48.45	42.41	42.86	4.2	yes
Marion	5,217	8.9	7.5	88.44	57.95	54.87	51.93	0.0	yes
Marlborough	38,065	16.1	4.7	54.86	70.43	42.43	65.62	4.7	yes
Marshfield	24,576	18.3	4.2	46.78	73.52	58.97	83.02	3.5	yes
Mashpee	14,261	14.2	8.4	54.31	66.58	46.21	70.94	3.7	yes
Mattapoissett	6,447	12.8	4.7	42.21	44.42	41.41	61.56		no
Maynard	10,177	16.5	5.1	33.55	66.31	43.07	61.44	0.0	yes
Medfield	12,266	8.5	1.5	64.02	63.32	44.60	78.51	33.3	no
Medford	55,565	15.4	5.7	50.62	74.60	46.41	69.51	13.5	yes
Medway	12,749	13.6	5.0	40.60	70.91	48.18	38.86	6.7	no
Melrose	26,782	12.8	4.1	51.56	55.65	50.59	54.54	5.9	no
Mendon	5,767	13.8	1.8					11.1	no
Merrimac	6,425	16.2	7.7	51.17	57.30	35.60	40.64	0.0	no
Methuen	43,979	17.0	5.7	68.41	50.66	41.81	57.83	6.6	yes
Middleborough	21,245	18.6	14.8	49.80	82.89	60.07	104.97	10.3	no
Middlefield	551	18.0	0.0						no
Middleton	9,347	13.7	5.8	49.19	71.94	55.82	55.77	6.9	yes

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Milford	27,263	17.8	6.6	40.34	76.53	37.65	66.94	4.0	no
Millbury	13,470	19.3	10.0	83.73	61.10	61.61	80.95	12.0	yes
Millis	7,927	13.4	3.9	68.76		65.68	87.38	10.0	no
Millville	2,834	19.1	13.2					25.0	no
Milton	25,691	8.0	0.9	45.82	41.37	45.28	41.12	25.9	yes
Monroe	96	43.2							no
Monson	8,788	18.8	12.0	58.89	101.14	42.35	99.26	0.0	yes
Montague	8,334	21.2	15.0	57.91	74.61	53.80	60.11	0.0	yes
Monterey	960	11.3	0.0					0.0	yes
Montgomery	754	12.7							no
Mt. Washington	138	11.6							no
Nahant	3,519	9.4	0.0	71.05		69.12	38.27	0.0	yes
Nantucket	10,531	16.7	3.7	61.38	65.67			15.2	yes
Natick	31,975	9.5	1.8	55.09	46.55	43.86	47.93	40.0	no
Needham	28,263	7.3	0.8	39.36	50.50	33.74	40.96	0.0	yes
New Ashford	248	12.8							no
New Bedford	91,849	28.7	17.3	47.63	87.02	37.81	67.80	6.0	yes
New Braintree	1,112	16.7	0.0						yes
New Marlborough	1,521	13.6	10.7					0.0	yes
New Salem	990	14.8	0.0					50.0	no
Newbury	6,926	13.4	5.9	53.24		60.96	70.47	0.0	no
Newburyport	17,144	14.9	3.1	79.81	61.44	52.43	58.08	12.2	yes
Newton	83,271	7.2	1.2	39.69	46.64	25.65	39.10	22.2	yes
Norfolk	10,646	11.9	1.9	84.08	33.39	66.93	44.52		no
North Adams	13,617	26.0	32.5	62.02	62.96	69.70	102.71	5.6	no
North Andover	27,637	12.0	3.3	62.36	49.07	39.41	55.52	2.0	yes
North Attleboro	27,907	17.3	5.9	39.09	77.83	44.25	96.69	41.4	no
North Brookfield	4,819	19.2	11.7					0.0	no
North Reading	14,021	13.6	4.0	34.29	40.37	43.96	79.38	7.5	yes
Northampton	28,411	15.0	7.5	35.16	54.80	35.50	62.34	3.6	yes
Northborough	14,611	12.1	1.7	57.76	42.42	34.42	66.07	2.2	yes
Northbridge	14,375	18.8	13.1	65.18	63.62	54.68	74.20	4.3	no
Northfield	2,985	14.7	6.5					0.0	no
Norton	19,222	16.5	9.2	31.36	79.77	47.56	76.47	7.7	no
Norwell	10,271	8.4	3.5	26.83	33.49	54.84	49.25	3.8	yes
Norwood	28,172	13.3	4.7	62.73	55.86	40.93	53.60	12.3	no
Oak Bluffs	3,731	18.4	9.8					16.7	yes
Oakham	1,906	13.9	0.0					0.0	yes

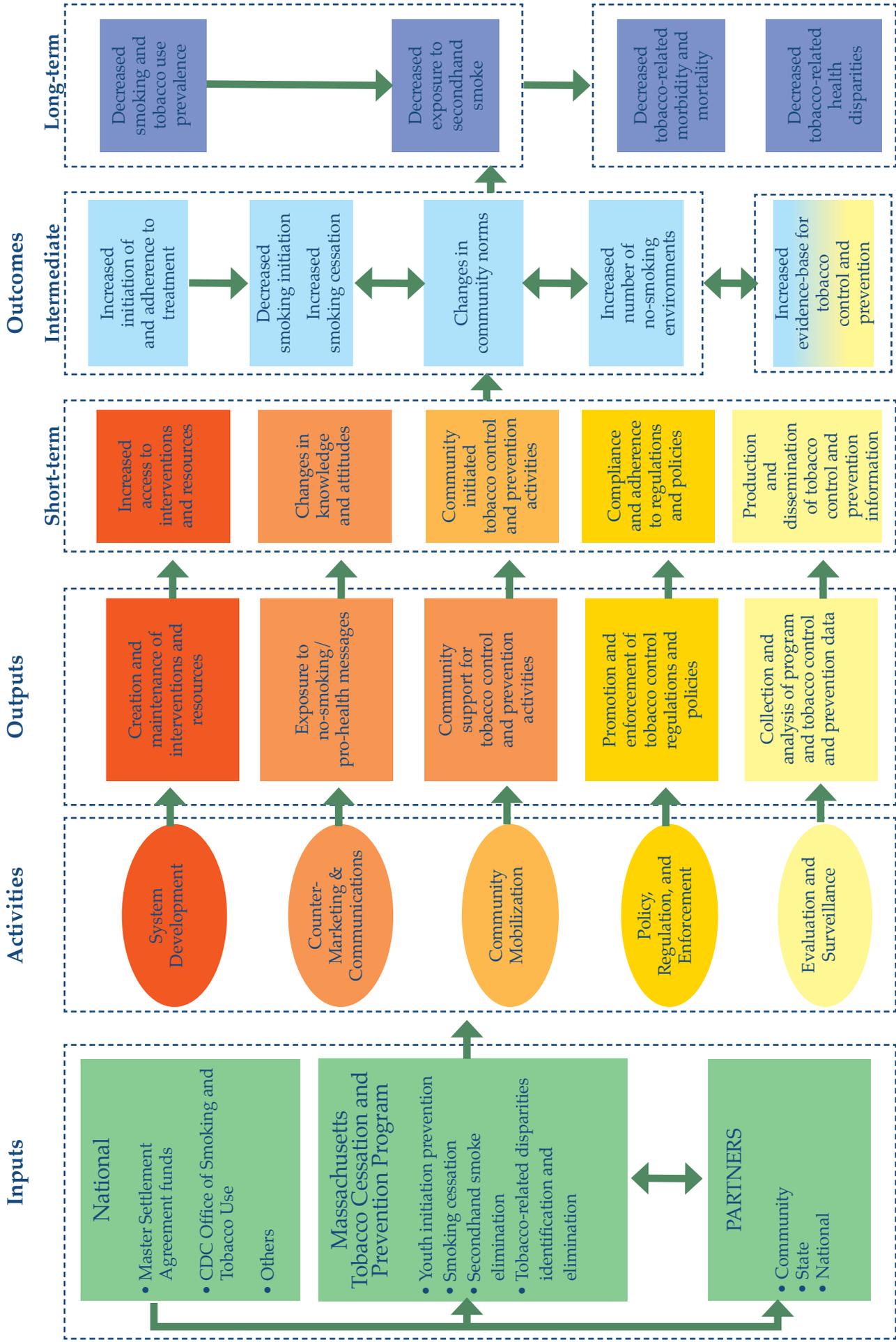
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Orange	7,796	23.0	21.9	44.20		47.70	66.38	5.0	yes
Orleans	6,315	11.0	6.3	37.53	53.59	32.68	43.95	0.0	yes
Otis	1,394	15.3	12.1					0.0	yes
Oxford	13,641	19.5	11.4	47.58	89.12	46.68	82.19	3.1	yes
Palmer	12,849	22.3	20.4	42.61	104.94	22.82	73.57	9.4	yes
Paxton	4,530	10.7	3.8					0.0	yes
Peabody	51,441	16.5	8.6	50.00	71.25	52.25	76.35	3.0	yes
Pelham	1,404	8.5	0.0						no
Pembroke	18,595	16.1	5.8	72.17	64.31	69.12	85.96	43.8	no
Pepperell	11,409	15.6	5.7	54.31	64.48	53.47	72.54	50.0	no
Peru	838	19.8	0.0						no
Petersham	1,283	11.7						0.0	yes
Phillipston	1,787	19.3	7.2					0.0	yes
Pittsfield	42,931	22.8	26.4	50.11	54.13	54.73	68.61	1.9	yes
Plainfield	600	16.1	0.0					100.0	no
Plainville	8,311	15.9	7.1	57.98	81.12	30.96	80.22		no
Plymouth	55,188	19.4	9.2	36.83	76.73	44.48	72.90	8.8	yes
Plympton	2,772	13.6	3.4						no
Princeton	3,494	8.8	4.5						no
Provincetown	3,390	21.1	12.5	95.11	68.69	103.46	93.80	10.7	yes
Quincy	91,622	16.7	4.4	65.49	76.11	51.13	72.07	1.3	yes
Randolph	30,168	14.5	4.6	81.76	75.03	51.93	83.30	11.6	no
Raynham	13,641	16.2	5.8	62.24	77.10	42.67	51.99		no
Reading	23,129	11.7	1.8	36.34	46.47	33.48	65.57	11.5	yes
Rehoboth	11,484	13.1	2.6	24.02		30.45	72.91		no
Revere	55,341	24.2	8.4	59.16	84.12	49.65	98.02	9.7	yes
Richmond	1,591	9.2	0.0						no
Rochester	5,218	13.7	2.2	70.35	77.51			0.0	yes
Rockland	17,780	20.4	9.8	67.27	76.32	64.36	85.69	19.0	yes
Rockport	7,633	13.8	10.1	39.96	60.60	36.97	38.18	0.0	no
Rowe	347	13.9	0.0						no
Rowley	5,839	14.2	4.8	54.22				0.0	no
Royalston	1,380	20.0	21.2					50.0	yes
Russell	1,730	17.7	19.8					0.0	no
Rutland	7,846	18.3	3.5	83.95		73.67	61.49		no
Salem	40,922	17.8	8.9	67.41	77.99	48.14	82.09	6.8	yes
Salisbury	8,521	23.2	19.7	102.99	88.23	76.22	89.48	0.0	no

City/Town	Population	% of current smokers (2008)*	% of women who smoked during pregnancy (2003-2007)	Lung Cancer Hospitalizations Age-Adjusted Rate (2002-2006)		Lung Cancer Mortality - Age-Adjusted Rate (2003-2007)		% of Illegal Sales to Minors (FY09)	Funded BOH? (FY09)
				Female	Male	Female	Male		
Sandisfield	837	13.6	0.0					50.0	no
Sandwich	20,255	14.4	6.6	30.29	55.55	30.68	54.01	5.7	yes
Saugus	27,192	18.4	8.5	58.59	79.33	63.38	81.66	4.4	yes
Savoy	720	19.6	0.0					0.0	no
Scituate	17,881	12.8	1.9	49.17	79.64	44.41	69.33	9.3	yes
Seekonk	13,593	15.7	2.4			52.20	65.50	82.6	no
Sharon	17,033	6.7	1.1	52.11	35.45	32.06	50.27		no
Sheffield	3,334	14.9	11.6			41.18	56.81	0.0	yes
Shelburne	2,036	13.8	9.2		121.39			0.0	yes
Sherborn	4,217	4.9	0.0						no
Shirley	7,726	17.3	12.7	59.60		51.35	95.20	12.5	yes
Shrewsbury	33,489	12.1	2.3	45.74	37.01	41.71	48.58	16.3	yes
Shutesbury	1,834	9.7	0.0					0.0	no
Somerset	18,268	17.2	8.5	46.03	56.38	36.26	48.78	2.6	yes
Somerville	74,405	16.0	4.8	53.40	76.86	47.39	69.84	8.6	yes
South Hadley	5,962	16.7	8.1	42.05	52.03	33.73	64.78	5.4	yes
Southampton	9,484	13.1	5.3	57.97		35.49	69.38	4.2	yes
Southborough	16,926	7.5	1.4		58.90	55.10	46.39	0.0	yes
Southbridge	16,952	20.9	17.0	28.39	57.25	26.95	76.88	11.6	yes
Southwick	9,431	20.3	9.6		53.23	52.91	63.28	28.6	no
Spencer	12,006	21.7	12.4	42.48	60.20	53.17	78.64	4.8	yes
Springfield	149,938	23.8	14.9	43.24	54.09	46.71	73.26	7.9	yes
Sterling	7,874	13.7	2.8			49.09	74.80		no
Stockbridge	2,232	11.2	9.7					0.0	yes
Stoneham	21,508	13.7	4.4	53.00	78.80	48.47	82.56	4.3	yes
Stoughton	26,951	15.3	7.4	81.33	66.06	55.13	66.07	10.0	no
Stow	6,327	8.0	1.5	76.17				8.3	yes
Sturbridge	9,102	15.2	4.5	29.14	52.72	54.67	57.54	12.5	yes
Sudbury	17,159	6.1	1.5	38.05	79.17	21.02	36.54		no
Sunderland	3,721	15.1	0.0					0.0	yes
Sutton	9,015	14.1	4.7	54.93		60.47	33.93	10.0	no
Swampscott	13,994	9.4	2.4	34.84	62.90	28.73	40.09	0.0	yes
Swansea	16,237	17.9	10.4	38.93	84.07	40.63	99.02	2.7	yes
Taunton	55,783	22.7	14.9	52.59	75.84	55.12	86.09	16.6	yes
Templeton	7,783	20.9	10.7		75.96	36.66	85.68	7.1	yes
Tewksbury	29,607	17.0	6.5	72.62	88.87	64.80	70.24	10.0	yes
Tisbury	3,805	16.3	5.8	58.74	131.85	69.90	115.53	0.0	yes

City/Town	Population	% of current smokers (2008)*	% of women who smoked during pregnancy (2003-2007)	Lung Cancer Hospitalizations Age-Adjusted Rate (2002-2006)		Lung Cancer Mortality - Age-Adjusted Rate (2003-2007)		% of Illegal Sales to Minors (FY09)	Funded BOH? (FY09)
				Female	Male	Female	Male		
Tolland	451	13.6							no
Topsfield	6,067	7.7	0.0		57.82			0.0	yes
Townsend	9,374	17.3	9.3	43.75	112.45	37.83	83.18	0.0	yes
Truro	2,134	14.6	12.3		112.37			0.0	yes
Tyngsborough	11,860	15.5	7.7	75.79	104.27	88.39	74.09	0.0	yes
Tyringham	343	9.1							no
Upton	6,526	12.7	3.4					8.3	no
Uxbridge	12,634	17.2	6.7	53.39	54.83	53.15	88.34	10.3	no
Wakefield	24,706	13.3	5.1	41.46	47.30	38.03	49.04	1.7	yes
Wales	1,844	20.4	9.9					0.0	no
Walpole	23,086	12.5	3.1	70.65	63.25	55.49	53.88	6.5	no
Waltham	59,758	14.3	3.7	44.96	55.93	37.42	58.31	33.5	yes
Ware	9,933	22.0	21.5	48.37	73.65	47.30	76.30	4.2	no
Wareham	21,154	22.1	20.3	50.47	76.55	38.94	80.73	3.8	yes
Warren	5,071	23.8	26.7			81.04	50.62	0.0	no
Warwick	750	16.5	0.0						no
Washington	548	16.0	0.0						no
Watertown	32,521	13.1	2.8	33.74	56.07	35.71	58.65	16.5	no
Wayland	13,017	5.6	0.0	54.54	39.06	39.24	49.17		no
Webster	16,705	23.8	14.8	35.40	62.02	41.21	74.53	4.4	yes
Wellesley	26,985	5.3	0.6	14.67	31.53	21.94	28.45	2.4	yes
Wellfleet	2,748	12.0	8.3			59.16	53.84	16.7	yes
Wendell	1,003	16.5	18.9					0.0	no
Wenham	4,615	8.9	0.0		69.80				no
West Boylston	7,779	15.6	4.5	56.76	77.50	60.81	62.32	5.9	yes
W. Bridgewater	6,679	17.8	7.1	64.03	83.67	58.59	58.53		no
West Brookfield	3,826	17.8	19.5		92.28	25.25	75.05	50.0	no
West Newbury	4,269	8.0	0.0					0.0	no
West Springfield	27,603	19.7	11.6	44.29	54.83	51.25	62.20	12.5	no
West Stockbridge	1,447	11.6	0.0					40.0	no
West Tisbury	2,628	11.8	5.9					0.0	yes
Westborough	18,459	10.5	2.6	33.43	45.32	48.93	49.06	10.3	yes
Westfield	40,160	19.9	11.7	37.02	70.99	46.41	82.25	17.8	no
Westford	21,790	9.5	2.7	76.31	81.40	54.18	51.28	5.0	yes
Westhampton	1,586	13.0						50.0	no
Westminster	7,388	17.4	5.8	51.49		85.12	43.74	6.7	yes
Weston	11,698	4.6	0.0	33.79	25.42	14.04	19.41		no

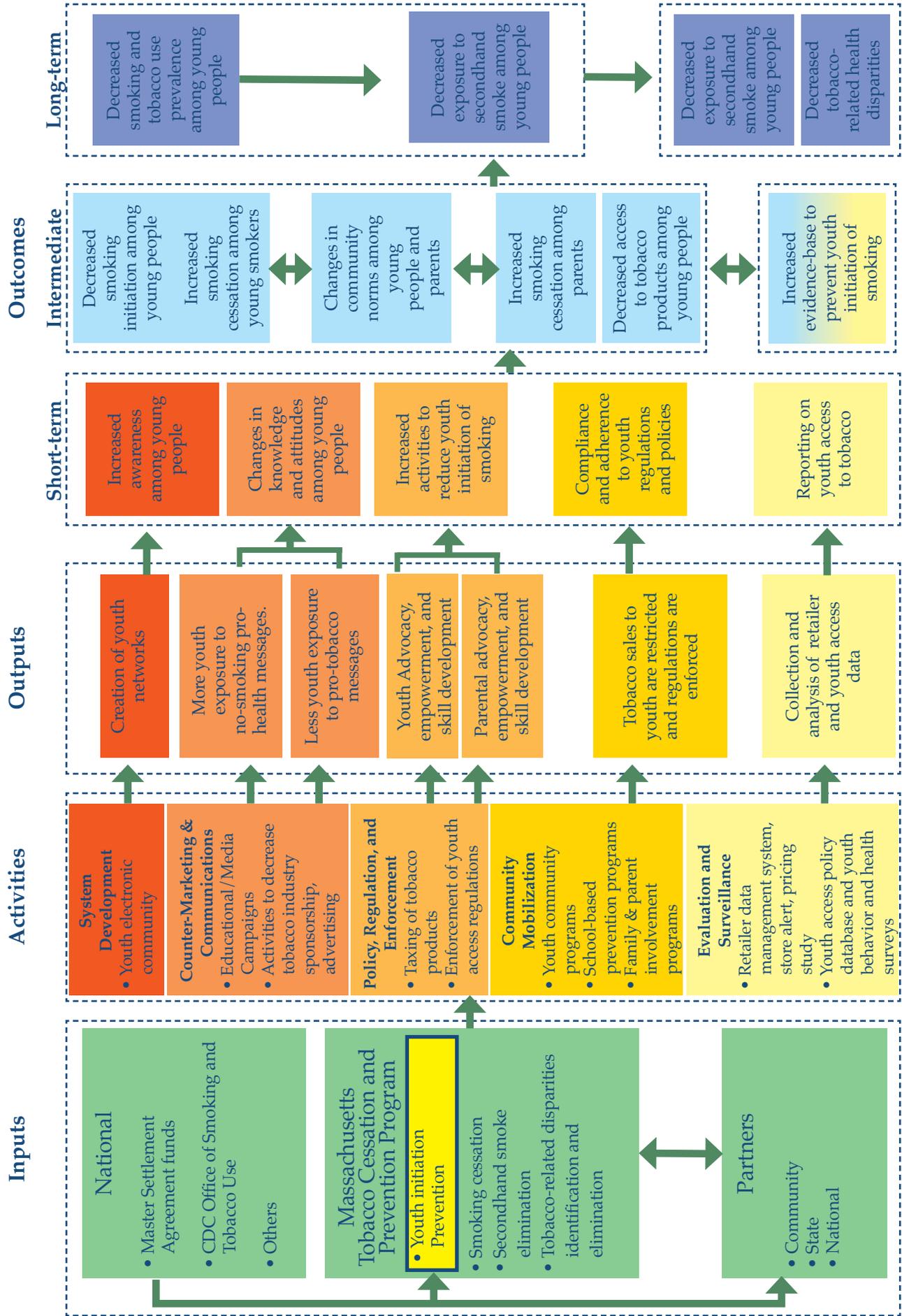
City/Town	Population	% of current smokers (2008)*	% of women who smoked during pregnancy (2003-2007)	Lung Cancer Hospitalizations Age-Adjusted Rate (2002-2006)		Lung Cancer Mortality - Age-Adjusted Rate (2003-2007)		% of Illegal Sales to Minors (FY09)	Funded BOH? (FY09)
				Female	Male	Female	Male		
Westport	15,136	17.8	9.5	47.86	64.61	52.22	65.23	0.0	yes
Westwood	14,010	7.4	1.0	46.48	49.89	47.34	56.07		no
Weymouth	53,272	18.7	6.1	59.49	79.89	54.59	78.55	12.2	yes
Whately	1,555	11.9	22.2					0.0	yes
Whitman	14,385	20.7	8.2	40.51	53.23	58.54	85.97	5.9	yes
Wilbraham	14,032	11.3	4.6	19.81	27.33	30.50	29.36	0.0	yes
Williamsburg	2,440	12.7	4.6					0.0	yes
Williamstown	8,108	11.9	8.9	33.86	45.06	47.51	71.82	0.0	no
Wilmington	21,679	14.8	5.2	46.22	99.41	70.23	80.43	7.1	yes
Winchendon	10,130	24.0	17.5	96.07	52.42	78.17	74.71	0.0	yes
Winchester	21,137	5.9	1.4	28.18	51.12	24.39	60.37	5.9	yes
Windsor	856	16.6	0.0					25.0	no
Winthrop	20,154	17.9	6.6	80.57	88.86	81.38	89.23		no
Woburn	37,042	15.1	5.8	57.11	68.15	61.08	86.74		no
Worcester	173,966	23.7	5.9	51.67	87.53	50.53	68.83	27.1	yes
Worthington	1,272	14.3	0.0					50.0	no
Wrentham	11,116	12.8	3.0	34.55	56.19	61.80	47.38		no
Yarmouth	24,010	16.7	14.9	48.15	56.65	52.19	63.03	0.0	yes

Figure 1. Massachusetts Tobacco Cessation and Prevention Program Logic Model



Note: Though not explicitly depicted in this logic model, disparities are addressed in all components of the program.

Figure 2. Massachusetts Tobacco Control Program Logic Model: Youth Initiation Prevention



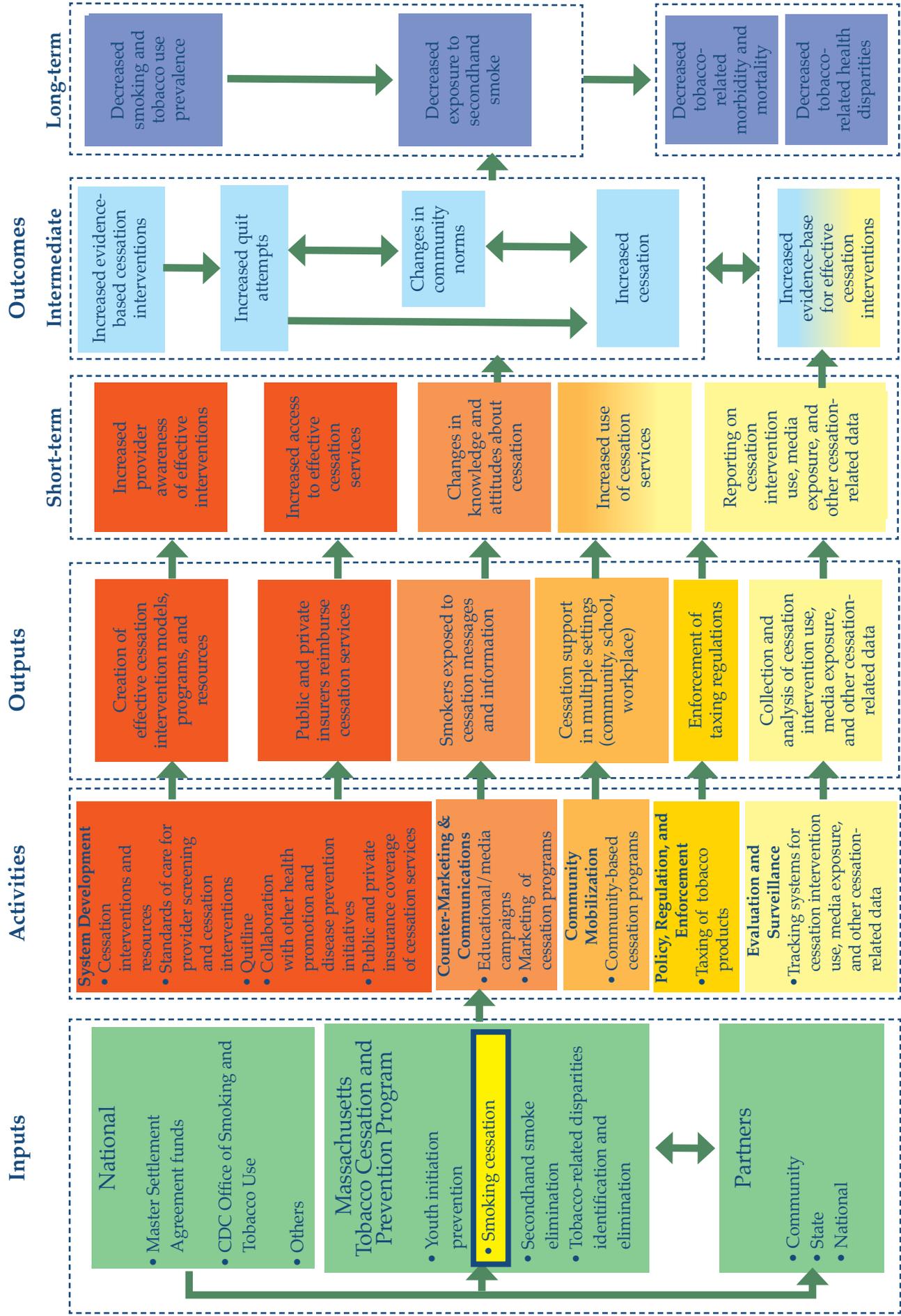
Notes: Youth include those up to age 24. The Massachusetts Department of Public Health categorizes youth in three age groups: 10 to 13, 14 to 17, and 18 to 24 years. Though not explicitly depicted in this logic model, disparities are addressed in all components of the program.

YOUTH INITIATION PREVENTION				
Short-Term Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
Increased awareness among young people	Proportion of young people who have seen or heard antismoking messages from the TV, the internet, the radio, newspapers, or magazines (MYHS)	88% (CY 2005)	80.1% (CY 2007)	↓ 7.9%
Changes in knowledge and attitudes among young people	Proportion of young people who think that young people who smoke have more friends (MHYS: "Definitely yes" or "probably yes")	15.8% (CY 2005)	18.1% (CY 2007)	↑ 2.3%
	Proportion young people who have never smoked that would likely (1) try a cigarette soon, (2) smoke in next year, or (3) accept a cigarette if a friend offered (MYHS)	27% (CY 2005)	23.9% (CY 2007)	↓ 3.1%
Increased activities to reduce youth initiation of smoking	Proportion of young people who have participated in community activities to discourage young people from using tobacco products in past year (MYHS)	N/A	5.7% (CY 2007)	N/A
	Proportion of young people who were taught about dangers of tobacco use in school during past school year (MYHS)	N/A	35.6% (CY 2007)	N/A
	Proportion of parents who report that they have discussed tobacco use with their children (BRFSS)	N/A	94.2% (CY 2007)	N/A
	Proportion of schools with comprehensive tobacco policies (School Health Profile - 2008)	N/A	57% (CY 2008)	N/A
	Proportion of schools or school districts that provided referrals to tobacco cessation programs for students (School Health Profile - 2008)	N/A	34.2% (CY 2008)	N/A
Compliance and adherence to youth regulations and policies	Proportion of young people who report smoking on school property (YRBS)	8.7% (CY 2005)	7.3% (CY 2007)	↓ 1.4%

Intermediate Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
Reporting on youth access to tobacco	Completed reports on youth access enforcement and compliance in Massachusetts cities and towns (EMS)	N/A	FY 2009 Youth Access Report	N/A
Decreased smoking initiation among youth	Proportion of people younger than 17 who smokes (YRBS)	19.5% (CY 2005)	16.6% (CY 2007)	↓ 2.9%
Increased smoking cessation among young smokers	Proportion of high school students who report never having tried a cigarette (MYHS)	49.3% (CY 2005)	53.6% (CY 2007)	↑ 4.3%
Changes in community norms among young people and parents	Proportion of young smokers who have made a quit attempt of one day or longer (MYHS)	N/A	53.1% (CY 2007)	N/A
Increased smoking cessation among parents	Proportion of adults who support any cigarette tax increase to support programs aimed at preventing smoking (BRFSS)	N/A	89.6% (CY 2007)	N/A
Decreased access to tobacco products among young people	Proportion of adults living with children who smoke and have made a quit attempt (BRFSS)	64% (CY 2007)	63.1% (CY 2008)	↓ 0.9%
	Proportion of young people reporting that they usually obtain cigarettes from a social source (MYHS)	N/A	9.5% (CY 2007)	N/A
	Proportion of illegal sale of tobacco to minors (Synar)	11.6% (FY 2008)	13.7% (FY 2009)	↑ 2.1%

Long-Term Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
Decreased smoking and tobacco use prevalence among young people	Proportion of young people who past 30 day use of any tobacco products; (1) cigarettes; (2) chewing tobacco, snuff, or dip; or (3) cigars or little cigars (YRBS)	26.1% (CY 2005)	24.4% (CY 2007)	↓ 1.7%
	Proportion of smoking young adults, age 18-24 (BRFSS)	23.6% (CY 2007)	20.9% (CY 2008)	↓ 2.7%
	Proportion of smoking high school students (YRBS)	20.5% (CY 2005)	17.7% (CY 2007)	↓ 2.8%
	Proportion of established young smokers (YRBS)	8.9% (CY 2005)	8.1% (CY 2007)	↓ 0.8%
Decreased exposure to secondhand smoke among young people	Proportion of young people who report exposure to secondhand smoke in the same room during the past 7 days (MYHS)	55.6% (CY 2005)	50.9% (CY 2007)	↓ 4.7%
	Proportion of young people who report exposure to secondhand smoke in a car during the past 7 days (MYHS)	N/A	37.2% (CY 2007)	N/A

Figure 3. Massachusetts Tobacco Control Program Logic Model: Smoking Cessation

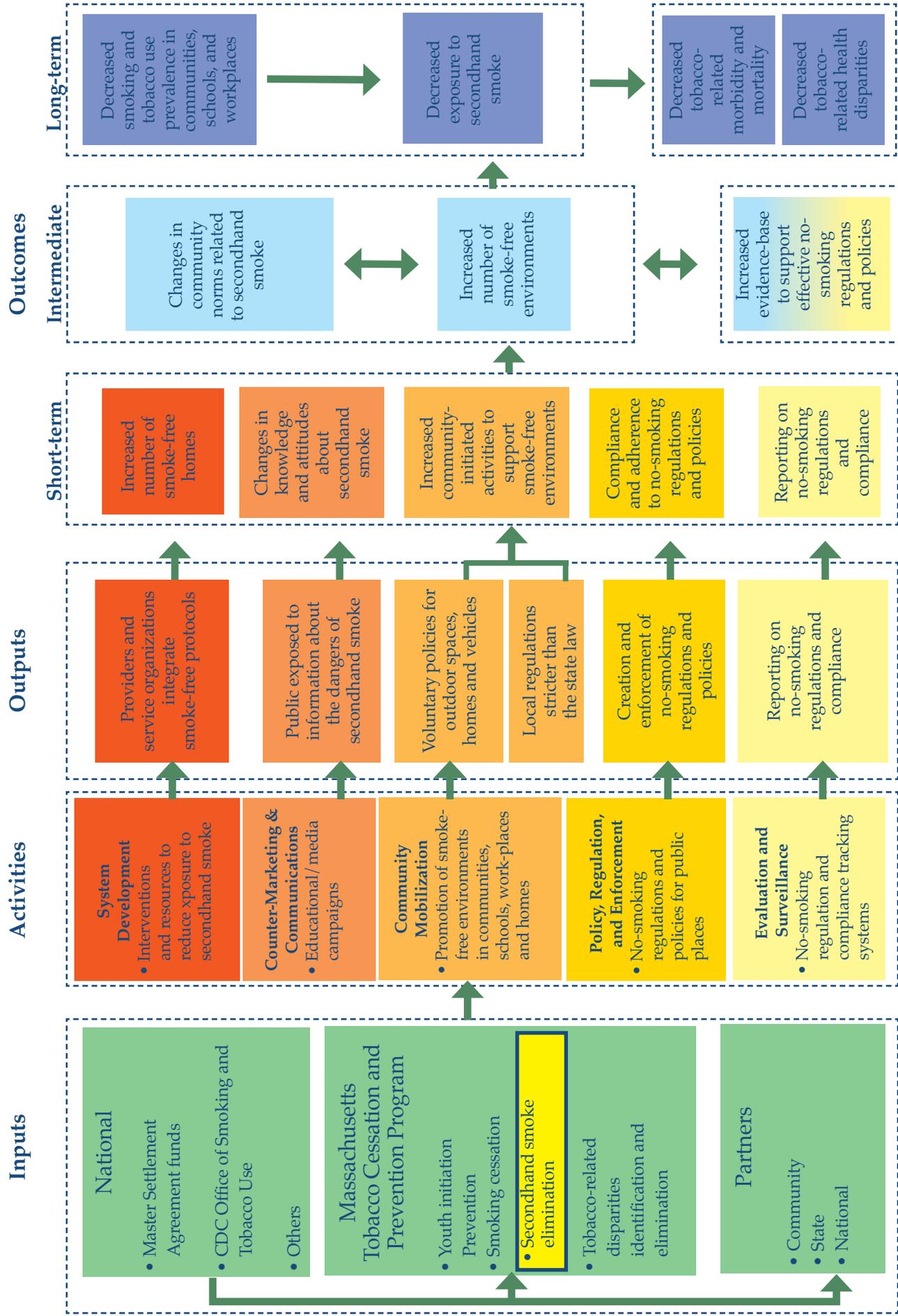


Note: Though not explicitly depicted in this logic model, disparities are addressed in all components of the program.

SMOKING CESSATION				
Short-Term Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
Increased provider awareness of effective treatment	Percentage of current or former smokers who are advised not to smoke by a health care professional (BRFSS)	78.3% (CY 2007)	75.8% (CY 2008)	↓ 2.5%
Increased access to effective treatment programs and resources	Number of community-based tobacco treatment programs (www.makesmokinghistory.org)	N/A	31 (FY 2009)	N/A
Changes in knowledge and attitudes about cessation	Percentage of smokers that intend to quit smoking in the next 30 days (BRFSS)	41.4% (CY 2007)	44.2% (CY 2008)	↑ 2.8%
	Percentage of smokers that are aware of the 800-TRY-TO-STOP quitline. (BRFSS)	N/A	54.3% (CY 2007)	N/A
Increased use of cessation services	Number of Quitworks self-referrals and fax referrals from providers. (Quitworks)	3,068 (FY 2008)	3,468 (FY 2009)	↑ 400
	Number of calls to Quitline (800-TryToStop self-referred callers only)	4,000 (FY 2008)	21,863 (FY 2009)	↑ 17,862
	Proportion of use of MassHealth smoking cessation benefit (MassHealth)	23.4% (CY 2007)	40.3% (CY 2008)	↑ 16.9%
	Percentage of adult smokers who have made an evidence-based quit attempt in past year (BRFSS)	N/A	36.7% (CY 2007)	N/A
Reporting of treatment program use, media exposure, and other cessation-related data	Completed reports on Quitworks, Ready-Set-Quit, and TryToStop toll-free line	N/A	Quitline Data report FY04 - FY08 (Mathematica)	N/A

Intermediate Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
Increased evidenced-based cessation interventions	Percentage of adults who have been asked by a health care professional about smoking (BRFSS)	N/A	87.7% (CY 2008)	N/A
	Percentage of smokers who have been advised to quit smoking by a health care professional (BRFSS)	78.3% (CY 2007)	75.8% (CY 2008)	↓ 2.5%
Increased quit attempts	Percentage of adult smokers who have made a quit attempt in past year (BRFSS)	59.8% (CY 2007)	59.9% (CY 2009)	↑ 0.1%
Changes in community norms	Percentage of adults who support any tax increase to support programs aimed at preventing smoking (BRFSS)	N/A	74.2% (CY 2007)	N/A
	Percentage of former smokers compared to those who have ever smoked (BRFSS)	63.5% (CY 2007)	63.6% (CY 2008)	↑ 0.1%
Increased cessation	Percentage of smokers who have quit in the last year (BRFSS)	5% (CY 2007)	12.4% (CY 2008)	↑ 7.4%
Long-Term Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
Decreased smoking and tobacco use prevalence	Percentage of adults who are current smokers (BRFSS)	16.4% (CY 2007)	16.1% (CY 2008)	↓ 0.3%
	Percentage of adults who have never smoked (BRFSS)	55.1% (CY 2007)	55.8% (CY 2008)	↑ 0.7%
Decreased exposure to secondhand smoke	Per smoker cigarette pack purchases in MA (DOR, BRFSS)	346.2 (CY 2007)	321.4 (CY 2008)	↓ 24.8
	Percentage of women who reported smoking during pregnancy (Birth Records)	7.4% (CY 2006)	7.5% (CY 2007)	↑ 0.1%
Decreased tobacco-related morbidity and mortality	Proportion of adult non-smokers reporting exposure to secondhand smoke in the home (more than 1 hour in the past 7 days - BRFSS)	4.7% (CY 2007)	4.1% (CY 2008)	↓ 0.6%
	Percentage of households with children who do not have a rule against smoking in their home (BRFSS)	14.3% (CY 2007)	14.5% (CY 2008)	↑ 0.2%
Decreased tobacco-related health disparities	Ratio of tobacco related death to total deaths (Death Records, SAMMEC)	15.4% (CY 2006)	13.6% (CY 2007)	↓ 1.8%
	Annual health care expenditure savings (MTCP)	N/A	N/A	N/A
Decreased tobacco-related morbidity and mortality	Percentage of older adult non-smokers reporting exposure to secondhand smoke in the home (more than 1 hour in the past 7 days - BRFSS)	3.6% (CY 2007)	3.2% (CY 2008)	↓ 0.4%
	Percentage of non-whites who call the Quitline (800-TryToStop self-referred callers only)	15.4% (FY 2008)	16.8% (FY 2009)	↑ 1.4%

Figure 4. Massachusetts Tobacco Control Program Logic Model: Secondhand Smoke Elimination



Note: Though not explicitly depicted in this logic model, disparities are addressed in all components of the program.

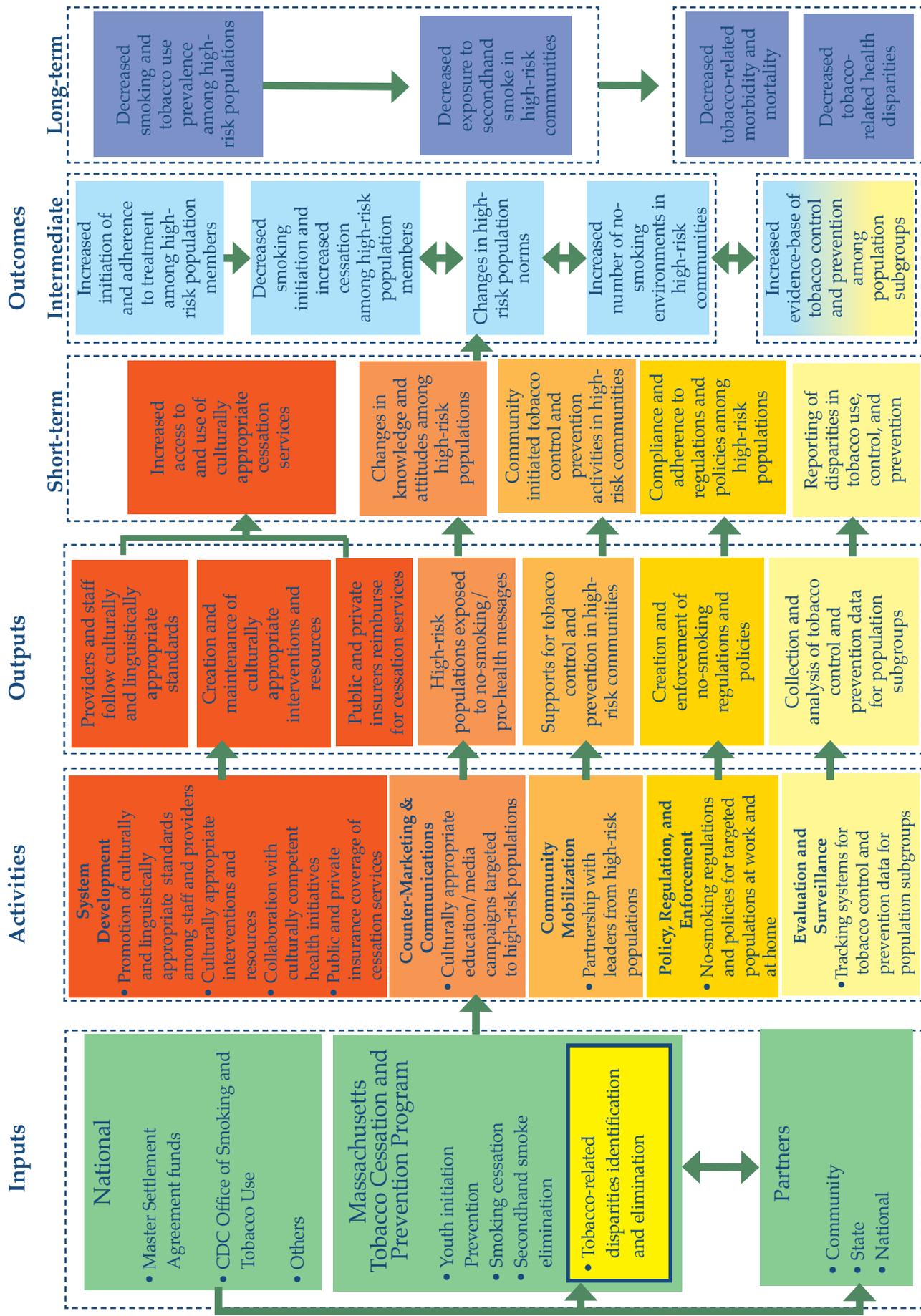
SECONDHAND SMOKE ELIMINATION

Short-Term Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
	Increase in private multi-unit rental housing, including section 8 housing, that is voluntarily smoke-free	N/A	5% (FY 2008)	N/A
Changes in knowledge and attitudes about secondhand smoke	Percentage of population that thinks secondhand smoke is harmful to one's health (BRFSS)	N/A	94.5% (CY 2007)	N/A
Increased community-initiated activities to support smoke-free environments	Proportion of population reporting voluntary tobacco-free homes policies (BRFSS)	81.5% (CY 2007)	80.7% (CY 2008)	↓ 0.8%
	Municipalities with local regulations stronger than the smoke-free workplace law (Smoke-Free Policy Database)	94 (FY 2008)	105 (FY 2009)	↑ 11
Reporting on no-smoking regulations and compliance	Collection rate for fines issue regarding violations of the Massachusetts Smokefree Workplace Law (MTCF Complaint Database)	72.2% (FY 2008)	73.3% (FY 2009)	↑ 1.1%
	Percentage of schools with comprehensive tobacco policies (Smoke-Free Policy Database)	N/A	57% (FY 2009)	N/A
Compliance and adherence to no-smoking regulations and policies	Completed reports on no-smoking regulations and compliance in Massachusetts cities and towns	N/A	5 Year Report on Smokefree Workplace Law	N/A

Intermediate Outcomes	Indicators	Previous Level	Most Recent Level	Change
Changes in community norms related to secondhand smoke	Percentage of adult smokers who believe family members and peers are upset by smoking ("Strongly agree" or "Agree" - BRFSS)	N/A	67.5% (CY 2007)	N/A
Increased number of smoke-free environments	Number of smokefree campuses (EOHHS initiative)	N/A	Field Survey Completed 2009	N/A

Long-Term Outcomes	Indicators	Previous Level	Most Recent Level	Change
Decreased smoking and tobacco use prevalence in communities, schools, and workplaces	NONE	N/A	N/A	N/A
Decreased exposure to secondhand smoke	Percentage of adults who are exposed to secondhand smoke at home, work, or in other settings (more than 1 hour in past 7 days - BRFSS)	13% (CY 2007)	14.5% (CY 2008)	↑ 1.5%
Decreased tobacco-related morbidity and mortality	Number of smoking attributable deaths in Massachusetts (SAMMEC)	8045 (CY 2006)	7165 (CY 2007)	↓ 880
Decreased tobacco-related health disparities	NONE	N/A	N/A	N/A

Figure 5. Massachusetts Tobacco Control Program Logic Model: Tobacco-related Disparities Identification and Elimination



Note: High-risk populations are those groups that are disproportionately affected by tobacco-related morbidity and mortality. High-risk populations may be defined on the basis of race/ ethnicity, gender, age, income and education, geographic location, sexual orientation, occupation, disability or mental illness.

TOBACCO-RELATED DISPARITIES IDENTIFICATION AND ELIMINATION

Short-Term Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
Increased access to and use of culturally competent treatment services	Number of cessation services for specific high-risk communities	10 (FY 2007)	22 (FY 2008)	↑ 12
Changes in knowledge and attitudes among high-risk populations	Percentage of youth in high-risk population (live with a smoker) who have never smoked (MYHS)	N/A	45.2% (CY 2007)	N/A
	Percentage of adults in high-risk populations who believe family members and peers are upset by smoking (BRFSS)	N/A	64.7% (CY 2007)	N/A
Community initiated tobacco control and prevention activities in high-risk communities	Number of tobacco control and prevention activities in high-risk communities (EMS)	0 (FY 2007)	3 (FY 2008)	↑ 3
Compliance and adherence to regulations and policies among high-risk populations	Percentage of cities or towns with a five percent or less illegal sales rate to minors in compliance checks for funded communities (RDMS)	50.3% (97 of 193) (FY 2008)	60.8% (118 of 194) (FY 2009)	↑ 10.5%
Reporting on disparities in tobacco use, control, and prevention	Report on MTCP Disparities Index	N/A	Not Yet Determined	N/A

Intermediate Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
Increased initiation of and adherence to treatment among high-risk population members	Percentage of adult smokers in high-risk populations who have used evidence-based treatment in the past year (BRFSS)	N/A	36.9% (CY 2007)	N/A
Decreased smoking initiation and increased cessation among high-risk population members	Percentage of adult smokers in high-risk populations who have made a quit attempt in the past year (BRFSS)	59.4% (CY 2006)	60.4% (CY 2007)	↑ 1.0%
	Percentage of former smokers over ever smokers	60% (CY 2007)	63.6% (CY 2008)	↑ 3.6%
Changes in high-risk population norms	Percentage of smokers who have quit in the last year (BRFSS)	5% (CY 2007)	12.4% (CY 2008)	↑ 7.4%
	Proportion of population that never smoked	56.7% (CY 2007)	55.8% (CY 2008)	↓ 0.9%
	Percentage of adults in high risk populations who support any tax increase to support programs aimed at preventing smoking (BRFSS)	N/A	69.1% (CY 2007)	N/A
Increased number of no-smoking environments in high-risk communities	Percentage of adults in high-risk communities who report having a smoke-free home (BRFSS)	74% (CY 2006)	74.2% (CY 2007)	↑ 0.2%

Long-Term Outcomes	Indicators (Data Sources/Reports)	Previous Level	Most Recent Level	Change
Decreased smoking and tobacco use prevalence among high-risk populations	New Disparities Index (BRFSS)	N/A	N/A	N/A
Decreased exposure to second-hand smoke in high-risk communities	Percentage of Medicaid enrollees who are current smokers (MassHealth Member Plan Survey, BRFSS)	33.2% (CY 2007)	28.3% (CY 2008)	↓ 4.9%
	Percentage of adults in high-risk communities who are exposed to secondhand smoke at home, work, or in other settings (BRFSS)	19.2% (CY 2006)	16.7% (CY 2007)	↓ 2.5%
Decreased tobacco-related morbidity and mortality	Lung cancer deaths among blacks.	127 (CY 2006)	127 (CY 2007)	0
Decreased tobacco-related health disparities	Index of hospitalizations among blacks and Hispanics for tobacco related illnesses. (UHDDS: lung cancer, ischemic heart disease, AMI, COPD, emphysema / 100 is equivalent to no disparities in target populations)	N/A	N/A	N/A